Dear Parent,

You have indicated that your child has a condition that requires administration of medication.

Attached are forms relating to options available for you and your child:

Form 1 – Physician's Order **(to be filled out by your child's physician)**

Form 2 – Permission and Release **(to be filled out and signed by you)**

Form 3 – Authorization for Self-administration of Medication **(to be filled out only if your child will administer the medication to his or herself)**

Form 4 – Authorization for Professional Administration of Medication **(to be filled out only if you will hire a professional to come to camp/program to administer your child's medication)**

The Town's employees will only administer medication if your child has a life-threatening medical condition for which medication is required, if so the attached forms must be completed.

It is your responsibility to send your child to camp or program daily with his medications and bring those medications home daily. The Parks & Recreation Department will not store medications. If your child does not arrive at the camp or program with the necessary medications he or she will not be permitted to participate in that day's activities.

Sincerely,

Donna Bastrzycki
Director
Barkhamsted Recreation Department
Phone: (860) 738-4695
Fax: (860) 379-6262
Email-barkhamstedrec@barkhamsted.us

Form # 1

Town of Barkhamsted Parks and Recreation Department

Physician's Order

Name of Child:________________________________ Date of Birth:____________

Condition for which drug is being administered:________________________________

____

Name and Date of prescription:____

____

Time, Dose and method of administration:____________________________________

____

Is the child capable of self-administering the medication and all that that entails?
Yes__________ No__________

Relevant side effects, if any:____

Plan for management of those side effects, if any:_____________________________

Is the child capable of managing the side effects: Yes________ No_________

Physician's Name:_____________________________ Telephone:_______________

Office address:____

Physician signature_______________________________________ Date:__________

Form #2

Town of Barkhamsted Parks and Recreation Department

Permission and Release

I/We____, Parent(s)/Guardian(s) of ____, hereby give permission to the Town of Barkhamsted, the Barkhamsted Parks and Recreation Department and its agents, employees and/or officials permission, to administer the medication described in the attached Physician's Order in an emergency situation.

I/We understand that all medication must be in its original container, must be labeled, and have specific directions for use on the label. This label must include the prescription number, medication name, date filled, child's name, pharmacy name and expiration date.

I/We hereby release and agree to hold harmless the Town of Barkhamsted Parks and Recreation Department, any Town employees participating in the Department's youth camp programs and the Town of Barkhamsted from any and all liability or claims that I/we or my/our child may have as a result of my/our request to have the Department administer the medication to my/our child in an emergency situation. I/We understand that in agreeing to perform an emergency administration of medication, the Barkhamsted Parks and Recreation Department, the Town of Barkhamsted, its agents, employees and/or officials do not assume any responsibility or liability for the results of my/our requested action(s).

Name:___________________________________ Relationship to Child:____________

Name:___________________________________ Relationship to Child:____________

Signature:________________________________ Date:__________________________

Signature:________________________________ Date:______________________

Form #3

Town of Barkhamsted Parks and Recreation Department

Authorization for Self-administration of Medication

I/We, ____, hereby request that the medication identified on the attached Physician's Order for my/our child, ____, be self-administered by my/our child.

I/We assume responsibility for granting permission for my/our child to self-administer medication as approved and instructed by the child's physician as shown on the attached Order.

I/We understand that I/we must supply my/our child with the prescribed medication in the original container, properly labeled by the pharmacy. I/We also understand that the Barkhamsted Parks and Recreation Department, the Town of Barkhamsted, its agents, employees and/or officials do not assume any responsibility or liability for the maintenance or dispensing of such medication. I/We further understand that it is my/our duty to provide my/our child with a safe place to store his or her medication.

Name:____________________________________ Relationship to Child:____________

Name:____________________________________ Relationship to Child:____________

Signature:_________________________________ Date:__________________________

Signature:_________________________________ Date:__________________________

FORM # 4

Town of Barkhamsted Parks and Recreation Department

Authorization for Professional Administration of Medication

I/We, ____,
hereby request that the medication identified on the attached Physician's Order for my/our child, ________________________________, be administered by a medical professional at camp to my/our child.

As set forth in the agreement reached between the Department and myself/ourselves, ____ will be contracted with by me/us to administer medication to my/our child during a Department youth camp program.

I/We assume full responsibility for authorizing ____________________________ to administer medication to my/our child as approved and instructed by the child's physician on the attached Order.

I/We understand that I/we must supply______________________________ my/our child's medication in its original container, properly labeled by the pharmacy. I/We also understand that any medication left at the camp will be destroyed if it is not picked up within one week following the child's last day at camp.

I/We further understand and agree that the Barkhamsted Parks and Recreation Department, the Town of Barkhamsted, its agents, employees and/or officials do not and shall not assume any responsibility or liability for the maintenance or administration of my/our child's medication.

Name:_____________________________________ Relationship to Child:_____________

Name:_____________________________________ Relationship to Child:_____________

Signature:_________________________________ Date:___________________________

Signature:_________________________________ Date:_____________