

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: _____