



City of Portland

Medication Policy
(Revised 07/23/10)

It is the policy of the City of Portland Recreation & Facilities Management Department that all participants' medication be administered by a parent at home. Whenever possible, the schedule of drug administration should be altered to allow participants to receive all prescribed doses at home.

If, under exceptional or emergency circumstances, it is necessary for a participant to take medication during program hours, and the parent cannot be at the center to administer the medication, a Recreation Leader or staff person appointed by the Leader will supervise self-administration of the medicine in accordance with the following:

- A. A permission form which contains the following information is completed and signed by the parent or legal guardian and physician:
 1. Participant's name
 2. Name of medication and name of pharmacy
 3. Purpose of medication
 4. Time to be administered
 5. Dosage
 6. Possible side effects/policy for emergency procedure
 7. Termination date for administering the medication
 8. Signature or separate order from the physician
 9. Specific instructions for two (2) people who can be called in case of emergency.

Parents or legal guardians are requested to ask their physician to arrange not to have medication administered at Recreation whenever possible.

- B. The medication is to be sent in an unbreakable container fitted with a childproof cap and labeled with the participant's name, content, dosage, and time to be self-administered...
- C. The Leader or designee shall:
 1. Have available the medication policy for immediate reference
 2. Keep a record of the administering of medication
 3. Keep medication in a locked cabinet or other safe place under the supervision of the Recreation Leader
 4. Return medication to participant to take home with a written explanation that the participant did not take the medication, when appropriate.

Recreation will ensure that there is a copy of authorization for medication form in the participant's health record folder.

- D. The Recreation Supervisor or Leader shall consult a public health nurse upon receiving a request for administration of medication within the program day.
- E. Parents or legal guardians should be advised that:
 - 1. The Recreation Leader will assist with administering medication based on the directions on the label
 - 2. Medication shall be taken only with direct supervision of the Recreation Leader or designee.
- F. In the event that a participant is unable to self-administer the medication, such medication may be administered by the Recreation Leader or designee in the manner described above.
- G. Insect stings:
 - 1. Parents or legal guardians will be responsible for providing precise instructions from the physician for action to be taken when participants are allergic to insect stings (e.g. bees, wasps, etc.) and are stung during program hours. These instructions should be signed by both the physician and the parent or legal guardian;
 - 2. It shall be the responsibility of the parent or legal guardian to provide the appropriate insect sting kit for those participants who require epinephrine (adrenaline):
 - 3. Insect sting kits shall be renewed at the discretion of the prescribing physician:
 - 4. Insect sting kits shall be removed from the center on the last day of the program or the last day the participants enrolled:
 - 5. Self-administered insect sting medication: In some cases an insect sting kit must be kept with participant. Recreation Leader or designee will be notified of this procedure; otherwise, insect sting kit is kept in Recreation Leader or designee's office.
- H. The public health nurse will review all requests for medications that must be administered on a daily, long-term basis (more than one month).
 - 1. Inhalers may be kept with student for use as directed by physician;
 - 2. Insulin injection – self administered as directed by physician.



CITY OF PORTLAND, MAINE
RECREATION & FACILITIES MANAGEMENT DEPARTMENT
INSTRUCTIONS TO PARENTS/GUARDIANS
FOR AUTHORIZATION OF MEDICATION

The dispensing of medication by Recreation personnel is limited to the procedures listed below. Aspirin and all other non-prescription medications are included in the category of medication.

If participant needs medication, which has been prescribed by a doctor, the following procedures will be used. Parents/Guardians are to be advised that:

- A. An authorization for medication form must be completed by the parent or legal guardian and submitted to the Recreation Leader.
- B. The participants must be instructed at home or by the family physician to self administer the medication. Exceptions may be made in the event of severe allergic reactions, in accordance with the directions from the family physician: i.e. Insect stings, hives, etc.
- C. Medication is to be carried in an unbreakable container fitted with a childproof cap and labeled with the participant's name, content, dosage, and time to be self-administered.
- D. Medication sent to Recreation with the participant should not exceed the dosage for one day. Liquids must be pre-measured at home.
- E. Medications will be kept in a specified area under protection and taken under the supervision of the Recreation Leader or designee. The Recreation Leader/designee will assist, if necessary, with removal of the childproof cap.
- F. In some cases, parents/guardian may wish to call Recreation to remind the child to self-administer the medication.
- G. Recreation personnel will do everything possible to comply with the authorization for medication in Recreation, but a situation may arise when this does not occur as requested. If this should happen, the center will notify the parents/ guardian and the medication for that day will be returned home with that child.



City of Portland Recreation & Facilities Management
**AUTHORIZATION FOR MEDICATION WHICH MUST BE TAKEN DURING
 PROGRAM HOURS**
Revised 07/23/10

Date		Participant's Name		School	
Physician's Name				Physician's Telephone #	
Medication 1					
Name of Medication					
Reason for Medication					
Time(s) to be self-administered					
Dosage to be taken					
Possible Side Effects					
Termination Date for Self-Administering Medication					
Comments					
Medication 2					
Name of Medication					
Reason for Medication					
Time(s) to be self-administered					
Dosage to be taken					
Possible Side Effects					
Termination Date for Self-Administering Medication					
Comments					
Pharmacy Information					
Name of Pharmacy				Pharmacy Telephone #	
Emergency Contact Information					
<i>Below, please list two names and telephone numbers for responsible persons who can be reached in case of emergency.</i>					
Name		Telephone		Relationship to Child	
Name		Telephone		Relationship to Child	
Parent/Guardian Signature					
I understand that in the event my child is unable to self-administer the medication, the Recreation Leader or designee may administer such medication. I hereby agree to release and hold the City of Portland, its agents or employees harmless from any and all claims, including negligence, which may arise as a result of the administering of this medication.					
Parent/Legal Guardian Signature			Date		
Address		City		State	Zip
Home Number		Cell Number		Work Number/Ext	
Physician's Signature					
Physician Signature			Date		
Address		City		State	Zip