

Fairfax County Neighborhood and Community Services  
MEDICATION AUTHORIZATION



**PART I: To be Completed by the Parent/Guardian**

*We strongly encourage medications to be administered at home. All new medication must be administered at home first. I hereby authorize Neighborhood and Community Services (NCS) personnel to administer medication to my child as directed below. I agree to release, indemnify, and hold harmless NCS and any of its officers, staff, contractors or agents from lawsuit, claims, expense, demand, or action against them for administering medication to my child. I am aware medication will be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and I assume responsibility as required.*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Medication Name and Prescription # \_\_\_\_\_

Date and Duration of Order (maximum is 10 days w/o physician signature) \_\_\_\_\_

Dosage to be Given \_\_\_\_\_ Time Medication is Given \_\_\_\_\_

If child is taking more than one medication at a time, list the sequence medications are to be administered.

Symptoms/Conditions for which medication is ordered \_\_\_\_\_

Possible Side Effects from Medication \_\_\_\_\_

Special Instructions (if any) \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART II: To be Completed by a Physician (for Inhalers, Epi-pens and long term medications)**

*For Epi-pens: Emergency injections are administered by non-health professionals who are taught by the Fairfax County Health Department. For this reason, only pre-measured doses of Epinephrine may be given. It should be noted that these staff members are not trained observers; therefore, they cannot observe for the development of symptoms before administering the injection. I understand that the rescue squad will always be called when Epinephrine is injected, whether or not the child manifests any symptoms of anaphylaxis. The following injection will be given immediately after report of exposure to:*

Indicate specific allergen and type of exposure (i.e. ingestion, skin contact, inhalation) \_\_\_\_\_

Check as appropriate (medication expiration date must be clearly indicated) Epi-Pen/ Epi-Pen Jr.:

\_\_\_\_ Give the pre-measured dose by auto injection

\_\_\_\_ Repeat dose in 15 minutes if rescue squad has not arrived (2 kits needed)

Please select one of the following (for inhalers and epi-pens only):

\_\_\_\_ I believe it is best for the camp staff to carry the medication on his/her person.

\_\_\_\_ I believe this child can use the medication properly in an emergency and this child may carry the medication on his/her person.

The medication listed on this form is a long term medication and may be administered as needed.

**Physician's Name and Phone Number** \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**NCS Office Use**

This form is complete and the medication is appropriately labeled. \_\_\_\_\_ Initial \_\_\_\_\_ Date

The child \_\_\_\_\_ (has/ has not) been approved to carry own Epi-Pen or inhaler.

## **MEDICATION AUTHORIZATION INFORMATION**

1. Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician (this includes over-the-counter, antibiotic, or antiviral medications that will be taken longer than 10 days or other medications not previously listed). The parent/guardian must transport the medication to the camp site and give to designated staff.
2. The first dose of any new medication must be given at home.
3. All medications must be properly labeled with the child's name, name of medication, exact dosage to be taken, expiration date and exact time or frequency dose is to be taken.
4. Medication **MUST** be in the original container with the prescription label or direction label attached. The form and container must match. Make sure medication has not expired and will not expire during camp.
5. Medications may not be accepted by personnel unless the Authorization Form is completed and signed.
6. The parent/guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.
7. All medication is kept in a locked area only accessible to authorized staff.
8. When an authorization for medication expires, the parent/guardian shall be notified that the medication needs to be picked up within 14 days. Any medications that are not picked up by the parent within 14 days will be destroyed.
9. Fairfax County Neighborhood and Community Services does not assume responsibility for unauthorized medication taken independently by the child.
10. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.
11. Depending on the physician's order, Epi-Pens/Inhalers will be carried by the child or camp staff.
12. If repeat doses of Epi-pen injections are in the physician's order, the parent/guardian must supply two Epi-pen kits.
13. Only pre-measured doses of epinephrine may be given by NCS personnel.
14. The parent/guardian is responsible for submitting a new form whenever there is a change in dosage or a change in the conditions under which epinephrine is to be injected.
15. This medication authorization form is valid for only one year from the date it is signed by the physician.