



Neighborhood and Community Services
 12011 Government Center Parkway 10th Floor, Fairfax, VA 22035-1115
 703-324-5532, TTY 711

MEDICATION AUTHORIZATION

**Short Term Medications: Administered for 10 days or less
 To be completed by Parent/Guardian**

Child's Name _____ DOB _____

-If medication order is longer than 10 days, a long term medication form must be completed and signed by a physician

-If participant is taking more than one short term medication, please complete a form for each medication

Medication Name	
Prescription #	
Dosage given	
Time given	
Start Date	
End Date	
Reason for medication	
Possible side effects	
Special Instructions	

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.

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

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For more information, call 703-324-4600, TTY 711.

MEDICATION AUTHORIZATION

**Long Term Medications: Administered for more than 10 days or
Epi-Pens or Inhalers
To be completed by Parent/Guardian AND Physician**

Child's Name _____ DOB _____

**-If participant is taking more than one long term medication, please complete a form for each medication
-Complete form for each medication including Epi-Pen's and Inhalers**

Medication Name	
Prescription #	
Dosage given	
Time given	
Start Date	
End Date	
Reason for medication	
Possible side effects	
Special Instructions	

Epi-Pen Users ONLY:
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 all that apply (**for Epi-Pen only**):

Give the pre-measured dose by auto injection

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

Epi-Pen and Inhaler users ONLY: Check one

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.

Epi-Pen and Inhalers are both long term medications and may be administered as needed.

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.

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

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

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. All medications must include a start and end date. If a short term medication is being administered the start date is the first day it is given at camp and the end date is the last day it is given at camp. For long term medications if the medication is given the entire duration of camp the start date is July 2, 2012 and end date is August 9, 2012.
3. All medications must be properly labeled with the child's name, name of medication, exact dosage to be taken, expiration date, exact time or frequency dose is to be taken, and expiration date of medication authorization.
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.

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.



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