



Fairfax County Park Authority Medication Authorization Form



This form must be completed in English. One form required for each medication. FCPA strongly suggests *all* medication be administered at home. Any new medication must be administered at home first.

- A licensed prescriber/physician's signature is required for any long-term medications (those longer than 10 days).

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication (including strength):	5. Dosage to be Given:	6. Route of Administration:

7. Frequency to be administered (# times per day or specific times) or symptoms that will necessitate administration of medication (must be observable and when possible, measurable):

8. Possible side effects:

9. Action to be taken if side effects are noted (who should be contacted):

10. For epi-pens and inhalers: Check the box below if you authorize your child to carry his/her medication because there is a need for it to be immediately accessible and your child can self-administer if needed

Parent's Authorization

11. Date to be discontinued:	12. Prescriber's Name:
	13. Prescriber's Phone Number:

I, hereby authorize Fairfax County Park Authority (FCPA) personnel to administer medication to my child as directed on this form. I agree to release, indemnify, and hold harmless FCPA and any of its officers, staff, volunteers, 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. 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.

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Printed Name: _____

• **Required for medications lasting longer than 10 days.**

Prescriber/Physician's Signature: _____ **Date:** _____

Prescriber/Physician's Printed Name: _____

--Office Use--

FCPA Representative/Employee's Signature:	Date Form Received:
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