



# AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION

## Release and Indemnification Agreement

Medication that can be administered before and after classes/camps should be so prescribed. COCA staff will, when it is absolutely necessary, administer medication to students during the class/camp session, according to the procedures outlined on the back of this form. **PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

### PART I—TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize a designated staff member at COCA – Center of Creative Arts to administer prescribed medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless COCA and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided COCA personnel are following the physician’s order as written below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

List all medication(s) student may need during camp time including over-the-counter medication(s):

**Prescription Details:**  Renewal  New If new, the first full day's dosage was on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Describe the student’s symptoms in an emergency situation: \_\_\_\_\_

Can the student articulate the need to use their medication?  Yes  No

Parent/Guardian Signature \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Date \_\_\_\_\_

### PART II—TO BE COMPLETED BY THE PHYSICIAN

Name of Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Trade name and/or generic: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) To Be Given: \_\_\_\_\_

How to Administer: \_\_\_\_\_ Effective Dates: From / / To / /

Physician Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL is required for medication such as inhalers, EpiPens®, and/or insulin, and must be authorized by the prescriber.**

This patient is capable and authorized for self-carry and/or self-administration of emergency medication.

Physician Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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### PART III—TO BE COMPLETED BY COCA SUMMER CAMP MANAGER

#### Check as appropriate:

- Parts I & II are completed, including signatures. (It is acceptable if all items of information in Part II are written on the physician's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and physician order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date any unused medication is to be collected by the parent or guardian (within one week after expiration of the physician's order).

COCA Camp Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ATTENTION PARENTS! INFORMATION AND PROCEDURES

Please review carefully before signing!

1. No medication will be administered without the parent's/guardian's written authorization and a written physician order. This includes both prescription and over-the-counter (OTC) medications.
2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every semester for each new or continuing order or if there is a change in dosage or time of administration during the semester. (A physician may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to COCA by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will COCA staff administer medication brought to class/camp by the student.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. The first day's dosage of any new medication must have been given at home before it can be administered at COCA.
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the semester or camp session. Medication not claimed within that time period will be destroyed.
7. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of COCA. Medications without accompanying physician's orders and parental consent will not be stored in the designated class room. Students may not self-administer controlled substances.
8. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma, injections for insulin, and EpiPens for anaphylaxis. It is imperative the student understands the necessity for reporting to the staff that they have self-administered without any improvement, so 911 may be called.
9. COCA's Camp Manager will call the prescriber, as allowed by HIPAA, in an emergency situation or if a question arises about the child and/or the child's medication.

