



PORTLAND PARKS & RECREATION

www.PortlandParks.org

Guidelines for the Administration of Medication

Portland Parks & Recreation (PP&R) tries its utmost to ensure each child that has a signed *Authorization for Medication Administering by Portland Parks & Recreation* will receive the correct medication, dosage at the correct time. In case of a medical emergency, PP&R staff will call 911 and then contact the parents.

1. Full-time and part-time staff must be trained to be allowed to administer medication. In situations staff will administer medication off-site, see procedure #12
2. Portland Parks and Recreation will provide medication administration training to all full-time employees and to part-time employees who may be called upon to administer medication on fieldtrips and off-site activities.
3. *Authorization for Medication Administration by Portland Parks and Recreation* form and a *Medication Dispensing Information* form must be filled out, signed by the parent/guardian and turned into the community center, community school or recreation program where the individual will be participating, before the administering of medication.
4. The signed forms will be kept at the site where the participant is registered for the activity. If the participant signs-up for another activity at a different site, then a new *Medication Dispensing Information* form must be filled and signed by the parent/guardian. The *Authorization for Medication Administration by Portland Parks & Recreation* will be kept on file for one year at the originating site.
5. A parent/guardian must bring the medication daily to the program. A community center, community school or recreation program will not store more than a daily dose of medication. A Senior Leader will collect the medication and then turn it over to a full-time employee to store in a locked cabinet. When the leader collects the medication from the parent/guardian, they will count the medication in the presence of the parent/guardian to ensure that the right amount of medication is brought to the activity. The number of pills will then be documented on the appropriate form. At the end of the activity, the leader will count, and document, the number of tablets that are left in the bottle on the appropriate form. Medication must be in the original bottle. On the first day of the activity, the Senior Leader will verbally review the *Medication Dispensing Information* form with the parent/guardian. If changes have occurred since the first form was filled out, then a new form must be filled out and signed.
6. The staff person administering the medication must follow all written directions on the *Medication Dispensing Information* form and any information contained on the original container label. In the event that conflicting dispensing information exists, medication should not be administered until the parent/guardian or physician is reached to obtain specific instruction.
7. The full-time staff who is responsible for dispensing medication will initial the *Medication Documentation* form after the medication has been given. These forms, after the activity has been

completed, will be kept on file at the community center, community school or recreation program for one year at the conclusion of the program.

8. If the participant refuses to take their medication, the full-time staff person will notify the parent/guardian and document the refusal on the *Medication Documentation* form. No attempts will be made to administer medication to a participant who refuses PP&R administered medication.
9. If a participant arrives at the program without their medication, the Senior Leader will encourage the parent/guardian (either in person or by phone) to retrieve the medication from home and bring it to the site. If the parent/guardian is unwilling to bring the medication, then the full-time staff person will document that the medication was not given on the *Medication Documentation* form (reason cited: "medication not present at site"). **After the first occasion that medication is not brought to the activity, the parents of the participant will be notified that the child will not be able to come back to the activity without bring their medication.**
10. If a medication error occurs (medication not given, medication administered to wrong participant, administering wrong medication or incorrect dose, administering medication by wrong route, administering medication at wrong time), the staff person administering the medication needs to report it to their immediate supervisor, contact the parent/guardian immediately and document the medication error on the *Medication Documentation* form. If contact cannot be made with parents, then 911 will be called.
11. Participants, between the ages of 13 and 17 may self-medicate themselves if they are deemed behaviorally and cognitively able to perform the act. Participants who are deemed able to self-medicate themselves must have a *Self-Medication Agreement* form signed by a parent/guardian and submitted to a full-time employee at the community center, community school or recreation program where the person will be participating. The medication must be kept in an appropriately labeled container. The participant may have in his/her possession only the amount of medication needed for that activity. Self-medication of prescription and non-prescription medication is not allowed for participants who are 12 years of age or younger.

An exception to the age limit is made when a participant under the age of 12 must carry such medication on his/her person for immediate access.

12. If an activity will be off site, then a trained employee at that site where the activity originates will collect the medication from the parent/guardian in the appropriate container. This employee will store the medications in a secure (locked, if possible) area. This leader will administer the medication to the participant(s). The employee will then document that the medication was given and will carry copies of the *Authorization for Medication Administration* form, the *Medication Dispensing Information* form and the *Medication Documentation* form.



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Authorization for Medication Administration

Waiver and Release of All Claims

Portland Parks & Recreation (PP&R) will not administer medication to a minor child or other participant until the Permission and Waiver to Administer Medication and Medication Information forms have been fully completed by a parent or guardian. PP&R internal procedures on administering medication are available for review.

Name of Program _____ Date _____

I, _____ the parent/guardian of _____,
(please print name) (please print name)
give permission to the staff of Portland Parks & Recreation to administer to my

child/guardian _____
(name of medication)

I understand it is my responsibility to give the medication directly to the program staff in the original prescription container.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Portland Parks & Recreation to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian. In consideration of Portland Parks & Recreation administering medication to my child/ward, I do hereby fully release or discharge Portland Parks & Recreation, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my child/ward may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Portland Parks & Recreation, and its officers, agents, volunteers, and employees from any and claims resulting from injuries, damages and losses sustained by me or my child/ward and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature _____ Date _____

MEDICATION ADMINISTERING INFORMATION

Participant's Name _____ **Age** _____

Parent/Guardian's Name _____

Home Phone _____ Daytime Phone _____

Cell Phone _____

Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Medication Information

1. Name _____ Time _____

Dosage _____ Route _____

Special Instruction _____

2. Name _____ Time _____

Dosage _____ Route _____

Special Instruction _____

3. Name _____ Time _____

Dosage _____ Route _____

Special Instruction _____

I understand that it is my responsibility to give the medication directly to staff with full instructions in the original prescription bottle.

In all cases, medication administration can only be changed or modified by completing another *Medication Administration Information* form.

I hereby acknowledge that the above information provided for the administering of medication for my child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the administering of medication change.

Signature of Parent or Guardian

Date _____