

Medication/Sunscreen/Bug Spray Authorization Form

For Prescription and Non-prescription Medications



INSTRUCTIONS: One form per medication.

- **Section A** must be completed by the parent/guardian for **ANY** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Participant's name)

Arlington Department of Parks and Recreation has my permission to administer the following medication:

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from dates: _____ until: _____

I do I do not authorize my participant to carry their own emergency medication during camp hours.

I have read and understand the HOLD HARMLESS AGREEMENT and Instructions on the reverse side of this form and by my signature(s) for each medication permission I agree to its terms.

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

Section B: to be completed by participant's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Participant's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) **(End date)**

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

Physician's Phone Number: _____

Release and Indemnification Agreement

I hereby authorize the Arlington County Department of Parks and Recreation personnel to give the medication as directed by this authorization. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature(s) for each medication permission I agree to its terms.

Instructions for Parent(s)/Guardian(s)

1. Medications including sunscreens and insect repellent **must** be labeled with participant's name, name of medication, the dosage amount, and the time or times to be given and provide the dosing method (pill splitter/crusher, any supplemental dosing methods, etc.). Medications must be in the original container with no more than a single dose for the day (if applicable), and with the prescription label or direction label attached. We do not hold multiple days' worth of medication on site.
2. Parents/guardians may give approval for staff to administer Over the Counter (OTC) medications that may include; Acetaminophen, Ibuprophen or other analgesics, antibiotics or other medications that have been prescribed by a physician for a short term (less than 10 days).
3. It is highly encouraged for parents to administer longer term medication before or after the program if possible for dosing schedule.
4. All emergency medications require a physician's signature. Examples include but are not limited to: inhalers, EpiPen's, antihistamine's, insulin, seizure medication or any other medication treatment for a long term disability or medical condition. Parent/guardians may be requested to review the medication and provide specific training for staff.
5. Diabetes and Seizure Management Care Plans will require additional information and necessary forms will be provided to parent if medication and medical care are requested to be provided at camp.
6. Use of participant provided sun screen or insect repellent also requires authorization noting any known adverse reactions to particular brands. Please use this same form.