**WALTHAM RECREATION DEPARTMENT**

# AUTHORIZATION TO ADMINISTER MEDICATION TO A PARTICIPANT

**(January 1, 2018 – December 31, 2018)**

Name of Participant:_____ Date of Birth:_____

Address: _____ City:_____ State:_____

Food/Drug Allergies:_____

Parent/Guardian (1):_____

Home Phone:_____ Business Phone:_____

Parent/Guardian (2):_____

Home Phone:_____ Business Phone: _____

Emergency Contact (other than parents/guardians): _____

Emergency Contact Phone:_____

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Name of Medication(s)/ to include use of inhalers:_____

Dosage given at program:_____

Frequency (e.g. once a day at lunch, every x amount of hours):_____

Licensed Prescriber:_____

Other medications, including those not given at program (if not in violation of confidentiality/at parents discretion):

_____

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

EPI PEN USE:

My child has been prescribed: EpiPen _____ EpiPen Jr. _____ Ana-Kit _____

( ) The epinephrine auto-injector should be administered immediately following ingestion of food allergen even if symptoms appear mild.

( ) The epinephrine auto-injector should be administered only if the patient develops symptoms suggesting a generalized and progressive allergic reaction, or if any doubt exists concerning the patient's status.

In accordance with the policy that exists within the Waltham Public School System, we will be implementing the same procedure, should an EPI pen be administered.

After administering the EPI pen, 911 will be called immediately for transport to the hospital.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

I hereby authorize Waltham Recreation Department staff to administer, to my child, _____ the medication(s) listed above. I understand that all medication prescribed for my child must be given to the Waltham Recreation Department and kept in original containers bearing the pharmacy label. (Medication must be delivered to the Department, by you, or by a responsible adult whom you designate). I may retrieve the medication from the office at any time and that the medication will be destroyed if it is not picked up within one week following my child's participation at the program. **If changes need to be made concerning the above information, it is the parents responsibility to submit a new Authorization to Administer form.**

Parent/Guardian Signature: _____ Date:_____