

## **Prescription Medication Policy**

The Boys & Girls Club of Camarillo urges parents to schedule, any necessary medication that needs to be taken, outside of attendance at the Boys & Girls Club of Camarillo. If medication must be administered during club hours, it must be done so in accordance with the following policy.

The purpose of this policy is to provide control over the administration and use of medications by members of the Boys & Girls Club of Camarillo, to assure that such drugs are prescribed by and administered according to the instructions of a physician; and to promote and facilitate good health and medical treatment of members of the Boys & Girls Club of Camarillo

If the administration of any drug prescribed by a physician requires specific training, such as an injection, the Boys & Girls Club of Camarillo will be unable to administrator the medication. Such medication will need to be administered outside of club hours.

### **Authorization Requirements**

- For a member whose medication must be administered at the club, a health plan for each medication must be in place before the administration of the medication.
- 2. In addition to the health form, the parents and/or guardians of the member must meet with the director prior to the authorization of medication usage to outline dosage, frequency and items relating to the use of the medication.
- 3. New forms must be submitted at the beginning of each school year and a new form must be completed for each new prescription medication.
- The medication and signed forms must be returned to the club before commencement in the program. The Parent or Guardian must personally deliver the medication.
- 5. The first dose of medication(s) should always be administered at home to ensure there are no allergic reactions to the medication(s).

#### **Prescription Identification**

Prescribed medication shall be received in the container in which it was dispensed by the licensed prescriber/ licensed pharmacist and labeled with:

- 1. Member's name
- 2. Name of medication and strength
- 3. Dose of medication
- 4. Time or interval of administration
- 5. Expiration of medication
- 6. Route of Administration

#### **Medication Exclusions**

The below listed medications will not be administered at the club:

- 1. Over the counter medications
- 2. Herbal supplements
- 3. Homeopathic Remedies
- 4. Shot administered medication
- 5. Controlled substances

#### **Refusal of Medication**

If any of the policies outlined in this policy are not met, the Boys & Girls Club of Camarillo will refuse to administration any medication's until all documentation is correctly received.

#### **Record Keeping and Medication Storage**

A locked storage area shall be designated for the storage of medication. Medication requiring refrigeration shall be kept in a refrigerator in an area not commonly used by Club members.

Each dosage of medication will be logged and stored at the club. This does not include medication used on an "as needed" basis, if the medication is carried and administered by the member, documentation will be unable to occur.

### **Membership Discontinuation**

If a member ceases to participate in the program, medication must be picked up within three (3) months of the last visit or staff will discard the medication.

#### Communication

The Vice President of Programs or designated appointee shall be the liaison between the physician, parent or guardian and member concerning the medication. Communication with the physician will be limited to consultations in emergencies only.

## **Liability**

No person who has been authorized by the parent and/or guardian to administer medication shall be held liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or reckless misconduct.

#### **Self-Administered Medications**

- A. A member may self-administer medication at the club or during activities if so ordered by his/her medical provider. When self-administering medication, the member must do so in the presence of an adult and documentation of the administration must take place.
- B. For "as needed" medications such as those taken by members with asthma or allergies, the physician may also order that the member carry the medication on his or her person for his/her own discretionary use according to the medical instructions. In this case, no daily documentation will be possible in this case.
- C. Self-administration privileges may be revoked if a member demonstrates a lack of responsibility towards him/herself or others.
- D. Parent's signature on the self administration form acknowledges that "the Boys & Girls Club of Camarillo" is to incur no liability, except for willful misconduct, as a result of any injury arising from the self-administration of medication by the member and that the parents/guardians indemnity and hold harmless the Boys & Girls Club of Camarillo and its employees and agents.



# PRESCRIPTION MEDICATION DISTRIBUTION FORM

Member Information			
Member's Name			
Parent/Guardian Name:Contact Number:			
Prescriber Authorization			
Name of Medication			
Dosage:  Frequency and Times to be given  Begin Medication (date)  Stop Medication (date)			
Special Instructions:			
Does medication require refrigeration? Yes No			
Is self-medication permitted and recommended for this member: Yes No			
If yes, do you recommend the medication be kept "on person" by the member:			
Yes No			
Potential Side Effects/ Contradictions/ Adverse reactions			
Treatment order in the event of an adverse reaction:			

I hereby affirm that this member has been instructed in the proper self-administration of the prescribed medication (s).			
Signature	Date	Phone Number	
Parent Authorization			
I hereby authorize the Boys & Girls Club of Camarillo to administer and assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage or frequency of the medication is changed.			
Medication must be in the original, unopened, sealed container and be properly labeled with the member's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Signature of Parent	Date		
Phone Number	Cell Number		
Self-Administration Authorization			
I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the Boys & Girls Club of Camarillo against any claims that may arise relating to my child's self-administration of the prescribed medications.			
Signature of Parent	Date		
Phone Number	Cell Number		