

RSU No. 5 Community Programs
Durham - Freeport - Pownal

REQUESTS TO ADMINISTER MEDICATIONS IN ALL-DAY SUMMER PROGRAMS

In general, parents/guardians are requested to administer medications to their children before and after program hours. In the even that it is medically necessary to administer medications during program hours, parents/guardians must comply with the following procedure for any prescription or over the counter medication to be administered to a child pursuant to a health care provider's order. Such an order must be obtained from a medical/health practitioner who has a current Maine license with a scope that includes administering medication. Children in the program are not allowed to carry and/or self-administer any medications.

1. The parent/guardian and the child's health care provider must complete and sign the attached Request/Permission to Administer Medication form.
2. The parent/guardian shall return the Request/Permission Form to the Community Programs office along with the medication:
 - a. In the original container (and in the case of prescription medications, appropriately labeled by the health care provider or pharmacy);
 - b. Including no more than the amount of medication necessary to comply with the health provider's order.
3. The office shall review the Request/Permission form for completeness and clarity. If there are any questions or concerns about the form, the parent/guardian will be asked to obtain any needed clarification.
4. Medication no longer required (or remaining when the child exits the program) must be removed by the parent/guardian.
5. RSU No. 5 Community Programs disclaim any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any child.
6. Community Programs staff may be provided with such information regarding a student's medication(s) as may be in the best interest of the child.
7. All medications shall be stored in a secure space in and locked at all times except during the actual administration of medication.
8. A medication log will be maintained for each child receiving medications.

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REQUEST/PERMISSION TO ADMINISTER MEDICATION IN ALL-DAY SUMMER PROGRAMS

Student's Name _____ DOB ____ / ____ / ____ Grade ____ Male/Female
School/Camp location _____

A: To be completed by healthcare provider:

Name of medication: _____

Reason for medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Dosage (amount): _____

This medication must be administered during program hours: Yes No

If yes, time to be administered: _____

For episodic/emergency events only, explain circumstances:

Restrictions and/or possible side effects: None anticipated

Yes, please describe in detail: _____

Special storage requirements: None Refrigerate Other _____

Date prescribed: _____

Date to be discontinued: _____

Any other necessary instructions or information: _____

NOTE: The parent/guardian and/or program staff may contact you if there are further questions concerning this medication request.

Healthcare Provider's signature: _____ Date: _____

Printed Name: _____

Phone # _____ Fax # _____

Address: _____

Email Address: _____

NOTE: Any changes to the information above shall require a new request/permission form.

B. To be completed by Parent/Guardian:

I request and give permission for RSU No. 5 Community Programs staff to administer the above medication to (child's name) _____.

I understand and agree that if program staff has questions regarding the healthcare provider's order, that they may request me to obtain clarification or that they may contact the child's provider and obtain additional information about the medication. I consent to the provider releasing that information.

Parent/Guardian Signature _____ Relationship _____

Date _____