

**CITY OF ST. JOHN'S  
COMMUNITY SERVICES DEPARTMENT- RECREATION DIVISION**

**MEDICAL CONDITION EMERGENCY PLAN**

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The following procedures have been established for participants registered in Recreation Division programs who have a medical condition which may impact their ability to participate and/or which may require medication to be administered at the program site.

- Participants/Parents/Guardians must advise Recreation Division staff at the time of registration if a medical condition may impact participation. The Recreation Division must be informed of Anaphylactic allergies or seizures using the Allergy Plan and/or Seizure Plan.
- Medication will not be administered if the **Medication Consent Form** is not completed and signed by the participant/parent/guardian.
- Only medication prescribed by a physician will be administered in a full day recreation program. (i.e. Day Camp).
- Only medication in its original container with a pharmacist's label, participant's name, the name of the medication, the dosage, the date the prescription was filled, and the directions for storing and giving the medication will be administered. Any unused medication will be returned to the parent/guardian.
- A designated staff person will be responsible for administering, storing, and recording medication. This process will be witnessed and signed off on by another staff. In the event the designated staff is absent, another staff will be assigned as a alternate. The Head/Senior staff on site will be aware of the procedure and persons so assigned.
- Medication will be stored in a locked cabinet/receptacle.
- All staff are required to participate in training in guidelines for administering medication.
- The Medical Condition Emergency Plan and completed Medication Consent Form must be given directly to the program staff. Participants must not carry medication in their pockets, lunch bags, etc. The staff will ensure that the medication/container is returned to the participant/parent/guardian at the end of the day/week (depending on the program).
- Non-prescription medications (i.e. Tylenol, Tempra, Aspirin, etc.) will not be administered under any circumstances. If the participant feels ill and needs non-prescription medications, the parent/guardian will be contacted to administer the medication and/or take the participant home.



PLEASE PRINT

Medical Condition Emergency Plan

INFORMATION

To be completed if the participant has a medical condition (i.e. diabetes, heart condition, etc.) other than allergies or seizures which may impact ability to participate in a Recreation Division program.

Note:

- Please complete the Anaphylaxis Emergency Plan if the participant has severe allergies.
Please complete the Seizure Emergency Plan if the participant is at risk for seizures.

PARTICIPANT INFORMATION

SECTION 1

Participant Name: Program(s) Attending:

Date of Birth: Dates Attending:

Medical Alert ID: Yes No Where is it located? (wrist, neck):

MEDICATION INFORMATION

SECTION 2

Medical Condition (i.e. Diabetes, Epilepsy, Heart Condition, etc):

Signs/Symptoms commonly experienced:

When are these symptoms most likely to occur?:

Specific Instructions (i.e. procedures, treatments, location of useful items):

Should any of the above noted signs/symptoms occur at program:

The parent/guardian or emergency contact must be contacted immediately? Yes No

Emergency Medical Services must be contacted immediately? Yes No

AUTHORIZATION

SECTION 3

Participant/Parent/Guardian Signature Date