

## MEDICAL CONDITION / MEDICATION GUIDELINES & PROCEDURES

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 there is a medical condition present which may impact participation. Anaphylactic allergies or seizures must be reported using the Allergy Package and/or Seizure Package.
- 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 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 an 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 out of reach of Participants.
- All staff are required to participate in training in guidelines for administering medication.
- The medication 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.

Updated: May 10, 2016

## MEDICAL CONDITION EMERGENCY PLAN

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

Participant Name: \_\_\_\_\_ Program(s) Attending: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Medical Alert ID:  Yes  No Where is it located? (*Wrist, Neck*): \_\_\_\_\_

### MEDICAL CONDITION INFORMATION

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

Signs / Symptoms commonly experienced: \_\_\_\_\_

When are these symptoms most likely to occur? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

The parent/guardian must be contacted immediately?  Yes  No

Emergency Medical Services must be contacted immediately?  Yes  No

\_\_\_\_\_  
**Participant/Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## MEDICATION CONSENT FORM

To be completed by the guardian of a participant under the age of 19 years if medication is required to be administered at the program site by Recreation Division Staff.

### PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ Program(s) Attending: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Dates Attending: \_\_\_\_\_

### MEDICATION INFORMATION

Date Medication Prescribed and for how Long: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Physician's Phone number: \_\_\_\_\_ Clinic: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dose required: \_\_\_\_\_

Time medication is to be administered: \_\_\_\_\_

Special instructions for administering medication (i.e. taken with meal, water, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of doses administered prior to attending the program: \_\_\_\_\_

Side effects or reactions?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION

I, \_\_\_\_\_, give permission for Recreation Division Staff to give above named medication according to the instructions stated. I have explained the procedure for administering the medication and I will be contacted if above named shows any unusual symptoms.

I further acknowledge that the standard of care which I would expect of the employees of the Recreation Division shall be that of the ordinary layman, bearing in mind the absence of trained medical personnel within the Division.

\_\_\_\_\_  
Participant/Parent/Guardian Signature

\_\_\_\_\_  
Date