

Plymouth Township Parks & Recreation
Administration of Medication (prescription & nonprescription) to Minor Children

Participating Programs:

- Camp @ GPCC 2020
- Camp @ EPV 2020

Who will administer?

- the camp director/full-time staff

Plymouth Township Parks & Recreation will:

- Only allow a staff member over the age of 18 and who is fully certified in First Aid (American Red Cross or the American Heart Association) to administer any prescription and nonprescription medication
- Keep all medication stored in a locked area of the facility that is out of reach of children, including EpiPens and inhalers
- Keep a detailed medication log

Parents/Guardians will:

- Provide written consent for the administration of the prescription or nonprescription drug (Fill out the Medical Authorization and Release Form)
- Ensure prescription or nonprescription medication is in an original container
- Provide written instructions for the administration of the medication. Instructions on a prescription label are acceptable
- Put a label on the medicine container identifying the name of the child the medication is for
- Pick up the medication immediately after its effective date or on the child's last day of the program

Medical Authorization and Release

I hereby authorize Plymouth Township and its employees, volunteers and agents to administer the following medication to my minor child(ren) as specified:

<u>Child Name</u>	<u>Age</u>	<u>Medication</u>	<u>Dosage</u>

I understand and agree that Plymouth Township, its program personnel, Board members, officials, employees, departments and affiliated entities shall not be liable in any way for any personal injuries sustained by my minor child as a result of administering the above described medication(s) and that the administration of those medications is subject to the Liability Waiver and Release which is incorporated herein by reference. I also hereby authorize Plymouth Township to secure emergency medical care for my minor children should they suffer any injury or otherwise require such care while participating in any Plymouth Township sponsored programs.

Should it be necessary for any Plymouth Township program personnel to provide any emergency medical care for my minor child(ren), I acknowledge and understand that Plymouth Township, its program personnel, Board members, officials, employees, departments, agents and affiliated entities shall not be liable in any way for any personal injuries arising from such care and that all such activities are also subject to the Liability Waiver and Release.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Medical Authorization and Release on behalf of myself and my minor children.

Print Name: _____

Name(s) of minor children:

Signature: _____

Date: _____
