

City of Costa Mesa
Parks and Community Services Department/Recreation Division
Parent/Guardian Notification For The Administration of Medication
During Recreation Program Hours

Dear Parent/Guardian,

Administration of medication will be provided only if it is necessary during Recreation program hours to enable a child to attend the Recreation program.

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter** must be given to the Recreation Coordinator in charge of the Recreation program deemed absolutely necessary by the authorized health care provider that the medication be given to a participant during any Recreation program hours.

The City employee who will be administering the medication **may not be** medically trained and this service does not require extensive amounts of time to administer medication or require a physician/registered nurse to be present to administer medication.

The Parent/Guardian is urged, with the help of the participant's authorized health care provider to work out a schedule of giving medication at home whenever possible.

**All Of The Following Guidelines Must Be Completed Before Administration Of Medication
Is Given To A Participant During Recreation Program Hours**

1. The **Parent/Guardian Request for Administration of Medication** must be fully completed including the participants name, parent or guardian signature, work, cell and home telephone numbers.
2. The "**Physician Request for Administration of Medication**" be fully completed including physician's name/signature, participant's name, reason for medication, the medication name, dose, time, side effects and instruction for emergency care.
3. Medication must be delivered to the Recreation Program your child is participating in by the parent, guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container written in English
5. All liquid medication must be accompanied by an appropriate measuring device.
6. Any tablets requiring partials doses (1/2 or 1/4) must be sent already cut.
7. A separate form is required for each medication.

When ever there is a change in medication, dosage, time or route a new form must be completed

***Note:** Please discuss your authorized health care provider's instruction with your child, so that they are aware of the time medication is due. The City does not offer over the counter drugs to any participant.*

This request is valid for a maximum of one year

City of Costa Mesa
Parks and Community Services Department/Recreation Division
Parent/Guardian/Physician Request for Administration of Medication

This request is valid for a maximum of one year

Name of Participant: _____ Participant's Birth Date: ____/____/____

Parent Request for Administration of Medication

Please print legibly

This service is provided during the recreation program hours only to enable the above participant to attend _____ and the service is subject to the guidelines of the Recreation Division.
(Recreation Program's Name)

_____ (initials) I have received and read the guidelines of the Recreation Division.

I _____, request that the Recreation Division assist my child _____
(Parent/Guardian's Name) (Participant's Name)

in the administration of medication in accordance with our physician's written instructions and the guidelines of the Recreation Division. I agree to sign the **Release of Liability for the Administration of Medication on page 2** and will notify the program's Recreation Coordinator immediately if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary and submit a new form and request.

Parent/Guardian Signature: _____ Date: ____/____/____

Telephone (Work) _____ (Cell) _____ (Home) _____

Physician Request for Administration of Medication

Please print legibly

I _____, am a licensed physician and the doctor prescribing medication for _____.
(Physician's Name) (Participant's Name)

This statement is provided to facilitate the administration of medication to the participant by a lay person who is not a licensed physician or registered nurse.

Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

Possible medication reactions: _____

Instructions for emergency care: _____

Physician's Signature _____ (Office Stamp must be current)

Address _____ Office Telephone _____

Date of Request ____/____/____ Date to Discontinue Medication ____/____/____

City of Costa Mesa
Parks and Community Services Department/Recreation Division
Parent/Guardian Release of Liability for the Administration of Medication
Please print legibly

The City of Costa Mesa recognizes the importance of providing recreational program that can be accessed and enjoyed by all members of the community, regardless of disability. The individual below has been described to the City of Costa Mesa as having a chronic medical condition which is categorized as chronically ill, medically fragile, technology dependent or other health impaired and is in need of specialized physical health care services to be provided by the City of Costa Mesa to enable the individual's participation in the _____.
(Recreation Program's Name)

I, _____ the parent/guardian of _____ request that the
(Parent/Guardian's Name) *(Participant's Name)*

following specialized physical health care service be administered to the participant by an employee of the City of Costa Mesa Recreation Division, in accordance with our physician's instruction filled out on page 1.

___ *(initials)* I understand that City employees administering this service may not be medically trained or licensed and only services which do not require a trained or licensed health care professional to administer can be provided by the City of Costa Mesa.

___ *(initials)* I acknowledge that if the specialized physical health care service required by the participant is the administration of medication, that medication shall only be administered if it is received in the participant's original labeled pharmacy bottle that contains clear instructions in English on the administration of the subject medication. I further acknowledge that the City of Costa Mesa has the right to refuse to allow the participant to attend the above stated program if this procedure is not adhered to.

The Administration of Medication is intended for _____ usage only and will not be distributed to
(Participant's Name)
other program participant's.

I hereby for myself, my child, my heirs or anyone who might claim on my behalf, AGREE NOT TO BRING ANY CLAIM and waive, release and discharge the City of Costa Mesa, its officers, agents and employees from any and all liability for personal injury or death arising out of or occurring in the course of administering specialized physical health care services to _____ during participation in the _____.
(Participant's Name) *(Recreation Program's Name)*

This release and waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, know or unknown, whether or not due to negligence.

**I HAVE READ THE RELEASE OF LIABILITY OF THE ADMINISTRATION OF MEDICATION
AND CERTIFY MY AGREEMENT BY MY SIGNATURE**

Both parents must sign if they are living with or have custody of the participant.

Parent/Guardian Signature _____/_____/_____
Date

Parent/Guardian Signature _____/_____/_____
Date