

2013 PARENT'S NIGHT OUT Supplemental Medical Form

This form must be completed for participants who may require any medication or medical device during program hours.

Maple Valley Parks & Recreation Department policies regarding medication needs of participants during program hours are as follows. Each medication (i.e. prescription and over the counter) to be taken, or medical device (inhaler/Epi-Pen) used during program hours requires completion of the physician's authorization section below.

- **The Parks & Recreation Department staff is not authorized to administer medication.** Reminders for medication dosage can be requested by the parent/guardian as per Section A below.
- Parent/Guardians are solely responsible for ensuring that an adequate quantity of medication is provided to their child with the physicians written instructions for distribution.
- Children must be in possession of their own medication and must be able to administer it themselves.
- If a participant 17 years old or younger requires immediate access to an Epi-Pen or asthma inhaler, the waiver below must be completed and signed by a parent/guardian. This will allow the participant to carry and use the device.

Program **Parent's Night Out** _____

Camper Name _____ Birthdate _____ Male Female

Address _____ City _____ Zip _____

Please list all behavior disorders, physical or mental disabilities staff should be aware of. If medication is needed, please describe in SECTION A below. _____

SECTION A - Physician's Authorization

This section must be completed and signed by a physician for every participant who requires any type of medication or medical device during program hours.

Name of Medication(s) _____

Reason for Medication(s) _____

Dosage _____

Special Directions for Medication(s) _____

When is the medication to be administered? _____

Possible medication side effects. _____

Physician's Name _____ Physician's Signature _____

Physician's Address _____ Phone # _____

SECTION B - Waiver Allowing Participant to Carry Epi-pen/Asthma Inhaler

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-Pen and /or asthma inhaler be kept on his/her person while participating in a Maple Valley Parks & Recreation Department activity.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I, _____ (parent/guardian), hereby request that _____ be allowed to keep Epi-pen asthma inhaler on his/her person while participating in all Maple Valley Parks & Recreation Department recreation activities. I understand that to qualify for this exemption, **this child must be capable of safely storing the necessary device on his/her person (fanny pack or pocket) and must be capable of using the device appropriately without assistance from Camp Wild staff.**

SECTION C - Medication Release Authorization

I hereby represent and warrant that if a participant is a minor, I am his/her Parent/Guardian and authorized to provide the release, authorization and waiver contained herein and agree to the Maple Valley Parks & Recreation Department policies as stated above. I agree to release the City of Maple Valley Parks & Recreation Department and its staff, agents or volunteers from any and all liability arising as a result of this waiver.

Print Parent/

Guardian Name _____ Signature _____

Phone # _____ Date _____