

Madeira Camps Medication Authorization Form Summer 2024

This form must accompany all routine and optional prescription and over-the-counter medications, including vitamins, supplements, herbal, and homeopathic products other than those listed on the over-the-counter Medication Authorization form (separate).

***** Parent/Guarding and USA Licensed Prescriber Signature REQUIRED for all medications*****

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

USE A SEPARATE FORM FOR EACH MEDICATION

| Part I - PARENT OR GUARDIAN TO AUTHORIZE | | | | |
|--|---------------|------------------------------|------------|----------------------|
| Student Name: Last | | First | Middle | |
| Date of Birth | Current Grade | Camp Greenway | Camp First | Riding Workshop |
| <p>I hereby authorize The Madeira School to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless The Madeira School and any of their officers, staff members or agents from lawsuits, claims, expenses, demands, or actions, etc. against them for helping this camper use medication provided they comply with the United States of America licensed prescriber orders by the provisions set in Part II of this form. The school reserves the right not to administer the medication should the circumstances warrant. I understand campers may not carry or self-administer medications. Should any changes in any of the information on this form occur, I understand that a revised written and signed authorization must be submitted to the Health Center at Madeira.</p> | | | | |
| _____ | | _____ | _____ | _____ |
| Parent or guardian Name | | Parent or guardian Signature | Date | Daytime Phone Number |

| Part II – LICENSED PRESCRIBER | |
|---|---|
| Diagnosis | |
| Signs | Symptoms |
| Medication Name | Route Dosage |
| Time(s) when medication will be administered: _____ PRN (as needed) | Interval between times to be given again (circle one) 6 hours 8 hours 12 hours Do not repeat. |
| Other: _____ | Other: _____ |
| If medication is given on as needed basis (PRN), specify the symptoms or conditions when medication is to be taken and the exact time or interval when it may be given again (no abbreviations). | |
| If the student is taking more than one medication for the same symptoms(s), list the sequence in which medications are to be taken: | Special side effects, contraindications, or possible adverse reactions: |
| Old medication to discontinue if this medication replaces another: | Effective Date: |
| Start Date: | End Date: |
| _____ | _____ |
| Licensed Prescriber Name (Print or Type) | Licensed Prescriber Signature |
| _____ | _____ |
| Date | Telephone |
| _____ | _____ |

| MADEIRA EMPLOYEE TO COMPLETE THIS SECTION | | | |
|---|------------------------------|---|------------|
| Medication Name | Dosage | Pharmacy label prescription expiration date/dispose date: | |
| Manufacturer expiration date (box bottle) | Quantity received | Notes | |
| Name of person dropping off medication: | Date received: | Employee name | Date |
| _____ | _____ | _____ | _____ |
| Name of person picking up medication | Parent or guardian signature | Employee name | Date |
| _____ | _____ | _____ | _____ |
| | | | MM/DD/YYYY |

PARENT/GUARDIAN INFORMATION ABOUT MEDICATION PROCEDURES

Forms

- 1- Any medication taken or kept in school must have an authorized **Madeira Medication Authorization Form** (medication form) by a parent or guardian and a **Prescriber Licensed in the United States (USA)**.
 - a. **Only** Madeira Medication Authorization Forms are accepted at The Madeira School.
- 2- Medication forms must be updated, and the Nurse Manager is immediately notified when there is any change (medication, dosage, time, or frequency). Otherwise, medication forms and plans must be **updated and uploaded** to Camp Brain **every summer**.
- 3- The parent or guardian is responsible for completing Part I and obtaining the prescriber authorization for Part II. All fields must be completed in plain English and no abbreviations. Additional action plans and **care plans** may be used by the prescriber to clarify emergency plans and the sequence the medication is to be taken but these **are not medication authorizations** on their own.
- 4- Over-the-counter medications, herbals, and supplements in Virginia schools and camps are considered prescriptions when taken regularly and require having a medication form authorized by **both** a Licensed Prescriber **and** a parent or guardian.

Prescription Medications

- 5- Medications will be kept in the Madeira Health Center or another camp-approved location.
- 6- Medications must be **prescribed in the USA and must comply with USA regulations**.
- 7- Medications will not be accepted if the school does not have a properly completed and authorized medication form **before** the medication arrives at school or camp.
- 8- All prescription medications must be provided in the **original container with a current pharmacy label attached and legible**.
 - a. **Repackaged medications by the parent will not be accepted by the school.**
- 9- Licensed prescriber's drug samples must be in their original containers, unexpired, and appropriately labeled by the licensed prescriber.

Over the Counter Medications

- 10- The school maintains stocks with a supply of the following common over-the-counter (OTC) medications: Tylenol, ibuprofen, Midol, diphenhydramine, topical antibiotic ointments, and topical anti-itch wipes.
- 11- If you will need to provide Madeira Camps with an OTC medication not listed above:
 - a. The **product must be from the USA, unopened**, unexpired, in the manufacturer container, **no more than 30 pills** per container or **8 ml. for liquid medications**.
 - b. OTC medications must be labeled with the Name of the student, the exact dosage to be taken at school, frequency, and time interval between doses.
 - c. This medication will need a prescription from a US Licensed Provider (see directions under the prescription medication section)

Compliance Responsibility

- 12- An employee will administer medications **ONLY** per the prescriber's written directions. No verbal directions.
 - a. Medications can be given no more than 30 minutes before or 30 minutes after the prescribed time. Ex. Morning medications cannot be given at noon.

Re-packaging

- 13- Employees will not re-package medications for any reason.
- 14- Medications in unapproved containers such as plastic bags, Ziploc bags, etc. will not be accepted and if found with a student will be disposed immediately.
- 15- If your student will need to have medication in multiple locations during camp, parents are responsible for supplying two unexpired containers of the medication.

Medication Delivery, Refills, Expired Forms and Medication information

- 16- The parent or guardian is responsible for delivering and picking up the medication to Madeira (**location _____**). DO NOT send with the student.
- 17- Alternatively, the best method is to have the medication delivered directly to the Health Center, with attention Nurse Manager. Expired medications will be disposed of.
- 18- The parent or guardian is responsible for providing the school with the correct unexpired medication in the proper container.
- 19- Within one week or 5 days after the expiration of the Madeira Medication Authorization Form, or on the last day of the camper session, the parent or guardian must pick up or arrange for pick-up of unused portions of the medication. Medications not claimed within that period will be disposed of without further notice.
- 20- The Madeira School Camps do not assume responsibility for medications taken independently by the student.
- 21- In no case may any health, or school staff at The Madeira School or Madeira Camps administer any medication outside of the framework of the procedures outlined in this document.

Medication Drop off and Pick up Process

- 1- Upon receipt of the medication, an employee/staff member will:
 - a. Compare the information on the pharmacy label on the medication container against the Medication Authorization Form. Medication name, dose, route, time, student legal name, expiration date, medication description on the bottle, and quantity dispensed. The information will need to match the medication authorization for medication to be accepted and administered.
 - b. Count the medication with the person dropping it off and document the receipt of the medication.
 - c. **Only the amount required for the week enrolled in camp will be kept on the school premises**. Do not send more than that amount.
 - d. **All medications must be picked up at the end of the session.**