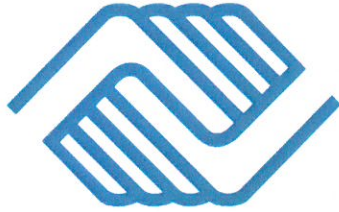


GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS
OF CENTRAL GEORGIA**

Prescription Medication Policy



BOYS & GIRLS CLUBS OF CENTRAL GEORGIA

Prescription Medication Policy

The Boys & Girls Clubs of Central Georgia urges parents to schedule, any necessary medication that needs to be taken, outside of attendance at the Boys & Girls Clubs of Central Georgia. If medication must be administered during club hours, it must be done so in accordance with the following policy.

The purpose of this policy is to provide control over the administration and use of medications by members of the Boys & Girls Clubs of Central Georgia, to assure that such drugs are prescribed by and administered according to the instructions of a physician; and to promote and facilitate good health and medical treatment of members of the Boys & Girls Clubs of Central Georgia.

If the administration of any drug prescribed by a physician requires specific training, such as an injection, the Boys & Girls Clubs of Central Georgia will be unable to administer the medication. Such medication will need to be administered outside of club hours.

Authorization Requirements

1. For a member whose medication must be administered at the club, parents will notify Boys & Girls Club Director of their child's need for medication during program hours.
2. A health plan for each medication must be in place before the administration of the medication.
3. In addition to the health form, the parents and/or guardians of the member must meet with the Club Director prior to the authorization of medication usage to outline dosage, frequency and items relating to the use of the medication.
4. New forms must be submitted at the beginning of each school year and a new form must be completed for each new prescription medication.
5. The medication and signed forms must be returned to the club before commencement in the program. The Parent or Guardian must personally deliver the medication.
6. You or your child's physician should discuss the reasons for the medication and the importance of taking the medication with your child.
7. Only the amount of medication needed during Club hours for the course of the illness/condition is to be sent to the Boys & Girls Club, not to exceed a one month's supply.
8. The first dose of medication(s) should always be administered at home to ensure there are no allergic reactions to the medication(s).
9. Medications that must be given in half-pill doses must be cut by the pharmacy or the parent. The Club will not cut pills.
10. When the duration of medication is complete, out of date, at the end of the school year or end of a camp, the parent must pick up any unused portions of medication. **Unclaimed medications will be discarded 1 week after the last day of school, camp or program participation.**

Prescription Identification

Prescribed medication shall be received in the container in which it was dispensed by the licensed prescriber/ licensed pharmacist and labeled with:

1. Member's name
2. Name of medication and strength
3. Dose of medication
4. Time or interval of administration
5. Expiration of medication
6. Route of Administration

Medication Exclusions

The below listed medications will not be administered at the club:

1. Over the counter medications
2. Herbal supplements
3. Homeopathic Remedies
4. Shot administered medication
5. Controlled substances

Refusal of Medication

If any of the policies outlined in this policy are not met, the Boys & Girls Clubs of Central Georgia will refuse to administer any medication's until all documentation is correctly received.

Record Keeping and Medication Storage

A locked storage area shall be designated for the storage of medication. Medication requiring refrigeration shall be kept in a refrigerator in an area not commonly used by Club members.

Each dosage of medication will be logged and stored at the club. This does not include medication used on an "as needed" basis, if the medication is carried and administered by the member, documentation will be unable to occur.

Membership Discontinuation

If a member ceases to participate in the program, any unclaimed medications will be discarded 1 week after the last day of school, camp or program participation.

Communication

The Vice President of Youth Development or designated appointee shall be the liaison between the physician, parent or guardian and member concerning the medication. Communication with the physician will be limited to consultations in emergencies only.

Liability

No person who has been authorized by the parent and/or guardian to administer medication shall be held liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or reckless misconduct.

Self-Administered Medications

- A. A member may self-administer medication at the club or during activities if so ordered by his/her medical provider. When self-administering medication, the member must do so in the presence of an adult and documentation of the administration must take place.
- B. For "as needed" medications such as those taken by members with asthma or allergies, the physician may also order that the member carry the medication on his or her person for his/her own discretionary use according to the medical instructions. In this case, no daily documentation will be possible in this case.
- C. Self-administration privileges may be revoked if a member demonstrates a lack of responsibility towards him/herself or others.
- D. Parent's signature on the self administration form acknowledges that "Boys & Girls Clubs of Central Georgia" is to incur no liability, except for willful misconduct, as a result of any injury arising from the self-administration of medication by the member and that the parents/guardians indemnify and hold harmless the Boys & Girls Clubs of Central Georgia and its employees and agents.



**BOYS & GIRLS CLUBS
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PRESCRIPTION MEDICATION DISTRIBUTION FORM

Member Information

Member's Name _____
Parent/Guardian Name: _____
Contact Number: _____

Prescriber Authorization

Name of Medication _____
Reason for taking _____
Dosage: _____
Frequency and Times to be given _____
Begin Medication (date) _____
Stop Medication (date) _____

Special Instructions:

Does medication require refrigeration? Yes ___ No ___

Is self-medication permitted and recommended for this member: Yes ___ No ___

If yes, do you recommend the medication be kept "on person" by the member:

Yes ___ No ___

Potential Side Effects/ Contradictions/ Adverse reactions _____

Treatment order in the event of an adverse reaction: _____

I hereby affirm that this member has been instructed in the proper self-administration of the prescribed medication (s).

Signature

Date

Phone Number

Request for Staff to Dispense Medication Authorization

I hereby authorize the Boys & Girls Clubs of Central Georgia to administer and assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage or frequency of the medication is changed.

Medication must be in the original, unopened, sealed container and be properly labeled with the member's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

Signature of Parent

Date

Phone Number

Cell Number

Self-Administration Authorization

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless all agents of the Boys & Girls Clubs of Central Georgia against any claims that may arise relating to my child's self-administration of the prescribed medications.

Signature of Parent

Date

Phone Number

Cell Number

