

## **Boys & Girls Club of the Big Country - Prescription Medication Policy**

The Boys & Girls Club of the Big Country urges parents to schedule any necessary medication that needs to be taken outside of Club attendance. 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 Club of the Big Country, to assure that such drugs are prescribed by and administered according to the instruction of a physician, and to promote and facilitate good health and medical treatment of the members of the Boys & Girls Club of the Big Country.

If the administration of any drug prescribed by a physician requires specific training, such as an injection, the Boys & Girls Club of the Big Country 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 Club, a health plan for each medication must be in place before administration of the medication. In addition to the health form, the parents and/or guardians of the member must meet with the Club Director to outline dosage, frequency and items relating to the use of the medication before the authorization of medication usage can occur.
2. New forms must be submitted at the beginning of each Club enrollment and a new form is required for each medication.
3. The medication and signed forms must be returned to the Club location before commencement in the program. The parent and/or guardian must personally deliver the medication. ALL MEDICATION WILL REMAIN IN A SECURED LOCATION AT ALL TIMES.
4. The first dose of any new medication(s) should always be administered at home to ensure there are no allergic reactions to the medication(s).

### **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 date of medication
6. Route/method of administration

### **Medication Exclusions**

The below listed medications will not be administered at the Club location:

1. Over the counter medications
2. Herbal supplements
3. Homeopathic remedies
4. Shot/injection administered medication

### **Refusal of Medication**

If any of the policies outlined in the here-stated policy are not met, the Boys & Girls Club of the Big Country will refuse to administer any medications 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 members. Each dose of medication will be logged and stored at the Summer Club location.

### **Membership Discontinuation**

If a member ceases to participate in Club, medication must be picked up within one (1) month of the last visit or staff will discard the medication.

### **Communication**

The Director of Operations, Club Director, or designated appointee shall be the liaison between the physician, parent and/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**

1. A member may self-administer medication at Club if so ordered by his/her medical provider. When self-administering medication, the member must do so in the Director's office and in the presence of an adult staff. THIS APPLIES TO EPI PENS, INHALERS, FINGER STICK GLUCOSE METERS AND OTHER AS-NEEDED MEDICATIONS.
2. Self-administration privileges may be revoked if a member demonstrates a lack of responsibility toward him/herself or others.
3. Parent and/or guardian signature on the self-administration form acknowledges that the Boys & Girls Clubs of Abilene, Inc. 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 parent/guardian indemnify and hold harmless the Boys & Girls Clubs of Abilene, Inc. and its employees and agents.

## Prescription Medication Distribution Authorization Form

Member Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please administer medication at these times: \_\_\_\_\_

Begin Medication (date): \_\_\_\_\_ Stop Medication (date): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Does medication require refrigeration? Y N

Has member ever experienced side-effects from this medication? Y N

If Yes, please explain: \_\_\_\_\_

Special instructions: \_\_\_\_\_

I hereby authorize the Boys & Girls Club of the Big Country 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Medication must be in the original container and properly labeled with the member's name, prescriber's name, date of prescription, name of medication dosage, strength, time interval, route/method of administration and the date of drug expiration. **PLEASE BRING ONLY THE DAILY DOSAGE FOR EACH MEDICATION. Medication will not be left overnight.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Is self-medication permitted/recommended for this medication? (*PERTAINS TO EPI PENS, INHALERS, FINGER STICK GLUCOSE METERS AND OTHER AS-NEEDED MEDICATIONS ONLY*)      Yes      No

I authorize and recommend self-administration of this medication by my child for the above medication. I also hereby affirm that my child has been instructed in the proper self-administration of this prescribed medication. I shall indemnify and hold harmless the Boys & Girls Club of the Big Country and its agents against any claims that may arise relating to my child's self-administration of the prescribed medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Prescription Medication Log

Member Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Date	Time	Staff Initials	Date	Time	Staff Initials	Date	Time	Staff Initials