



## Animal Discoveries Summer Camp

### Health Care Policies and Procedures

#### **Health Care**

In our on-going commitment to meet the individual needs of all our program participants and provide for them a safe learning environment, we have outlined our policies and procedures for medications, their usage, and other health concerns.

#### **Medications**

- Any doctor-prescribed medication, including antibiotics and inhalers, as well as over-the-counter drugs such as Advil, Tylenol, vitamins, and/or homeopathic remedies are defined as medications and should be included in the *Medication Authorization Form*.
- If any medication needs to be administered during one of our programs, it is required that our *Medication Authorization Form* be completed upon drop off by the parent or guardian.
- It is policy that all medication is kept in a secure area of the Community Programs Manager's office and under their direct supervision.

#### **Medication Preparation**

Parents or guardians must have the *Medication Authorization Form* completed and medication in hand when dropping off and signing in their child at the start of the program.

#### *Prescription Medication*

- Must be in the original pharmacy container with the prescription label showing the correct dosage and child's full name.
- We do not accept or administer medications that come in a daily dose container.



- All medication containers should be brought and put inside a Ziploc bag with the child's name on it and correct instructions for administration –e.g., what time of day, to be taken with food or on an empty stomach, etc.

## *Over-the-Counter Medication*

- Must come in its original container with a legible label.
- Each child should put his/her medication(s) in a Ziploc bag with his/her name on it.
- Do not bring medications in pill boxes/organizers.

## Medication Authorization Form

Only fill out this form if you expect staff to dispense medication to your child, when medication changes, or if your child will carry an asthma inhaler and/or EpiPen. Pasadena Humane will not dispense medication to a minor child or other participant until the Medication Authorization Form has been fully completed by a parent or guardian.

### Child Information

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Prescribing Doctors Name \_\_\_\_\_ (Phone) \_\_\_\_\_

Program Title and Date:
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### Medication Information

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Dispensed \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Dispensed \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_



My child has permission to carry and knows how to properly use their own: Inhaler EpiPen  
and has been instructed not to show or share it with others. \_\_\_\_\_ Initial

I understand that it is my responsibility to give the medication (pills or other items that are not asthma inhalers or EpiPens) directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles with the following information:

- Name of child
- Medication
- Dosage
- Time of day to be given and how often
- Prescribing doctor
- Doctor's phone number

In all cases, medication dispensing can only be changed or modified by completing a new **Medication Authorization Form**. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child. I also understand that it is my responsibility to inform the Pasadena Humane Society & SPCA if any changes in the dispensing of medication are needed.

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Print name of Parent or Guardian Date

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Signature of Parent or Guardian Date

### Permission to Dispense Medication

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Your Name) (Print Child's Name)  
give permission to the staff of Pasadena Humane to administer to my child the  
following medications:

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Signature of Parent or Guardian Date