



City of Saco, Maine

Parks & Recreation Department
300 Main Street
Saco, ME 04072-1538

Telephone: (207) 283-3139
Fax: (207) 282-8210
E-mail: parksandrec@sacomaine.org

MEDICAL INFORMATION & WAIVER

Child's Name: _____ Program: _____

Name of Medicine: _____

Prescribing Doctor: _____

Doctor's Phone Number: _____

Waiver Terms*: From _____ to _____
(Date) (Date)

* Terms are determined by prescription date and number of refills.

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Must Fill out one of the following sections and bring with your registration forms to the meeting.

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(A) Self Medication:

Must Provide the Following

- 1) Copy of Prescription from Physician (*Attached to this form*)
- 2) Note with Physician's Signature Stating the Child has received the proper training in self medicating (*Attached to this form*)
- 3) Parent Signature Below

I, _____ state that _____ will carry, be
parent/guardian name child's name
responsible for and self administer his or her own epi-pen or asthma inhaler as is necessary.

Parent/Guardian Signature Date

(B) Medication Administered by Qualified Parent or Guardian:

Must Provide the Following

- 1) Copy of Prescription from Physician (*Attached to this form*)
- 2) Note with Physician's Signature Stating the Parent/Guardian has received the proper training in medicating (*Attached to this form*)
- 3) Parent Signature Below

I, _____ state that _____ will receive
print parent/guardian name child's name
his or her own medications carried & administered by me.

Parent/Guardian Signature Date

(SEE REVERSE SIDE FOR MORE OPTIONS)

**(C) Emergency Medication Administered by Saco Parks & Recreation Trained Staff
Must Provide the Following**

- 1) Copy of Prescription from Physician (*Attached to this form*)
- 2) Note with Physician's Signature Stating the Child has received counseling or training on their condition and the use of their medication (*Attached to this form*)
- 3) Parent Signature Below

I, _____ state that _____ will carry, be
parent/guardian name child's name

responsible for his or her own medications as is necessary. I hereby request that in an emergency situation trained Saco Parks & Recreation personnel administer the above medication to my child. I am aware that this medication will be administered by trained non-medical recreation personnel.

Parent/Guardian Signature Date

**(D) Waiving Emergency Medication Administered by Saco Parks & Recreation Staff
Must Provide the Following**

- 1) Copy of Prescription from Physician (*Attached to this form*)
- 2) Note with Physician's Signature Stating the Child has received the training on what to expect when being medicated (*Attached to this form*)
- 3) Parent Signature Below

I, _____ state that _____ will carry, be
parent/guardian name child's name

responsible for his or her own medications as is necessary. I hereby request that Saco Parks & Recreation personnel not administer the above medication to my child, even in an emergency situation. I understand Saco Parks & Recreation personnel will call 911 for emergency aid.

Parent/Guardian Signature Date

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Saco Parks & Recreation Use

Date Received Received By

Meeting Date Administrative Approval Approval Date

Copy To: _____ Program Director _____ Program Leader _____ Program Binder



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MEDICAL INFORMATION & WAIVER POLICY

Saco Parks and Recreation Medical Policy

Participants with medical conditions requiring routine or emergency administration of prescription medications are welcome and may participate in all Saco Parks and Recreation Department Programs. If at any time routine or emergency medications are found to not be handled, stored, taken properly or changed without notifying the Saco Parks & Recreation Office dismissal from Saco Parks & Recreation Programs may result. The following conditions shall apply:

Routine Medication:

The Department will not carry or administer routine prescription medication. Participants will be solely responsible for assuring that they have and correctly administer their prescription medications. In all circumstances, the Department must be made aware, in advance, of any prescription used/carried by a participant, and a copy of each and every prescription shall be provided to the Department prior to the admission to any program.

Emergency Medication:

The Department will train its personnel to administer, in emergency situations, Epi-pens and Asthma Inhalers. A participant who uses and/or relies upon such emergency prescription and devices shall be welcome in a program provided the following conditions are met:

1. Copy of a doctor's prescription for epi-pen or asthma inhaler is provided not less than 30 days in advance of admission to any program, provided that adequate advance notice of each program is made available to eligible participants.
2. Written confirmation from the participant's physician that they are prescribed the medication, and have received counseling or training on their condition, and the use of their medication.
3. The parent/guardian has specifically consented or authorized in writing that the Department administer the medication in the event of an emergency.
4. A guardian/parent may opt or state a preference to have their child participant administer their own emergency medication.

911 Policy:

In all cases and circumstances, the City will call 911 at the earliest opportunity.

- Medications sent to camp with the student should not exceed the dosage for one camp day and must be taken with student when leaving for the day.
- Medications must be in clearly labeled non breakable containers with the student's name, prescribed dosage and name of medication indicated.

All medications must be reported to the Camp Leader or Co-Leader each day. All accommodations for storage are the responsibility of the parent or guardian.