

CITY OF MONTEREY RECREATION 546 Dutra Street, Monterey, CA 93940 ● (831) 646-3866

Authorization for EMERGENCY Medication

I. Instructions

- If possible, all medication should be taken by children or teens at home and not brought to recreation programs.
- Recreation staff will only administer or oversee the administration of asthma inhalers and
 epinephrine injections, with the parent's and physicians authorizations. Recreation staff
 are not health professionals; they are not trained observers and cannot observe for the
 development of symptoms before administering an epinephrine injection. Emergency
 Services will be called when a participant takes epinephrine, regardless of whether the
 participant exhibits any symptoms or anaphylaxis. Recreation staff may only administer
 premeasured doses of epinephrine. If the physician's order includes a repeat injection,
 the parent must supply two premeasured doses.
- Parent/guardians are expected to hand-deliver asthma inhalers/epinephrine to the Recreation personnel, unless the child or teen is authorized by the parent and physician to carry the medication. In this case, Recreation staff is to be notified.
- Monterey Recreation cannot guarantee refrigeration for medication at the program site.
- All asthma inhalers and epinephrine injections must be brought to the program in the original pharmaceutical container and labeled with the child or teen's name, medication dosage and schedule.
- Parents should not provide more medication than is necessary for the program session.
 If the parent does send more than the specific quantity and does not collect the unused
 medication within one week after the program has ended, the Recreation staff will
 destroy the unclaimed medication.
- A parent must submit a new authorization whenever there is a change in the dosage or a change in the conditions under which the child or teen is to take the injections or asthma inhalers.



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Authorization for EMERGENCY Medication for:

II. Physician Authorization for EMERGENCY Medication

Authorization for EMERGENCY Medication

Condition:					
Me	Medication:				
Do	Dosage and schedule during program hours:				
Sp					
Side effects:					
Duration of Order (not to exceed current program):					
	sthma Inhaler Asthma Inhaler	Name of asthma inhaler medication #1:			
	Asthma Inhaler				
Epinephrine Injection Give the injection indicated below immediately after report of exposure to:					
	Epi-pen (given in premeasured doses of 0.3 mg epinephrine 1:1000 aqueous solution or 0.3 cc.)				
	Epi-pen Jr. (given in premeasured doses of 0.15 mg epinephrine 1:2000 aqueous solution or 0.3 cc.)				
	Repeat dose of epinephrine in 15 minutes, if Emergency Services has not arrived.				
Authorization for the Child or Teen to Carry and Self-Administer Medication					
	The above named child or teen may carry this medication with him/her during recreation hours. He/she has received adequate information on how and when to use this medication and I believe he/she can safely carry and self-administer it.				
Ph	nysician Signature:	Date:			



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III. Parent Authorization for EMERGENCY Medication

Αι	Ithorization for EMERGENCY Medication for:		
	(name of child or teen)		
Cł	neck each box that applies:		
	I authorize my son/daughter/ward to take the me	edication as directed by his/her physician.	
	 I authorize my son/daughter/ward to carry and self-administer medication during program has directed by his/her physician. 		
	I authorize Monterey Recreation to administer asthma inhaler and/or epinephrine injections fo my son/daughter/ward as directed by his/her physician which I will review with the Recreation staff.		
en tha ind an ma	nderstand that I must collect any unused medicateds, or the Recreation staff will discard the medicated clarifies the medication storage and administrated dicated. In consideration of administering said med hold harmless the City of Monterey, its officers, ay result from this authorization and any injury or ministration of the medication.	tion. I have read the instructions on Page 1 tion policies, and I assume the responsibilities dication, I agree to release, defend, indemnify agents and employees, from all liability that	
Pa	rent Name (print):	Day Phone:	
Pa	rent/Guardian Signature:	Date:	
	IV. City of Monterey R	ecreation Authorized Personnel	
	I verify that Parts II and III of this document are partial signatures. (Note: The physician may complete stationary.)		
	I verify that Monterey Recreation can accept the medication as specified by the physician in i original, properly labeled pharmaceutical container. (i.e. with labeled measuring utensil for administering the medication if needed)		
Pr	ogram:		
De	epartment Signature:	Date:	