



Equal Fun For Everyone

Western DuPage Special Recreation Association
116 N. Schmale Rd., Carol Stream, IL 60188
Phone: 630-681-0962 Fax: 630-681-1262
www.wdsra.com

WDSRA MEDICATION PROCEDURES

Recognizing that some of our participants may need to take medications while participating in seasonal programs and trips, WDSRA has established procedures to help Association staff maintain and distribute medications in a safe and documented manner. **It is important for all parties to understand our procedures and work together to manage this responsibility as described below.**

Legal Guardian will:

- Complete, sign, and return the WDSRA Medication Waiver.
- Package prescription medications, over-the-counter drugs, and vitamins by individual dose in medication envelopes provided by WDSRA. (Example: all medications taken in the morning are in one envelope; all medications taken before bed are in another envelope.) Any prescription that is not in pill form must be given to WDSRA in the original container in a zip lock bag.
- Label each medication envelope like the example to the right. →
- Verbally communicate/train head instructor regarding specific instructions for dispensing non-invasive medication and provide both oral and written instructions for any approved invasive procedures. (defined as anything other than oral medication.)
- For Weekly Programs and Special Events**, deliver the completed Medication Waiver and medication envelopes on the day of the program **directly** to the Head Instructor.
- For Day Camps**, deliver the completed Medication Waiver and medication envelopes for the entire week on the first day of camp each week **directly** to the Head Instructor.
 - **Important Note:** For the safety of all, medication envelopes cannot be delivered via personal belongings, i.e., in lunch boxes, backpacks, etc. They must be handed to the Head Instructor.
- For Overnight Trips**, deliver the completed medication waiver and medication envelopes to the WDSRA office at least five (5) business days before trip departure. For trips of three (3) days or more, provide two (2) additional days of medication, in case of trip delays.
 - **Important Note:** For the safety of all, medications cannot be held by participants during trips, including participants that typically self-medicate.
- Medication Waiver can be found Online at <http://www.wdsra.com/Links/WDSRA-forms.htm>
- Medication envelopes can be requested by contacting the WDSRA office.

Sample Medication Envelope Label

Participant's Name: *Jane Doe*

Date to Administer: *Oct 31, 2012*

Time to Administer: *12:00pm*

of Pills Enclosed: *2*

Continues on other side →

Head Instructors will:

- Carry copies of WDSRA Medication Procedures and Medication Waivers in their Head Instructor Binder to provide to the legal guardian if needed.
- Be trained in WDSRA's Medication procedures.
- Obtain training from parent/guardian regarding approved invasive procedures.

Upon receipt of medications, Head Instructors will:

- Confirm that the information on the medication envelope(s) complies with the Medication Waiver information and direction provided by the parent/guardian and that there is enough medication for the duration of the program.
- Create a Medication Distribution Log to document the distribution of medication.
- Secure medications safely.

When distributing medication, the Head Instructor:

- Is the only staff member who may distribute medication unless other staff is authorized by the WDSRA Executive Director or a Superintendent.
- Will distribute medication one participant at a time.
- Will visually check the "participant name" and "number of pills enclosed" written on the medication envelope(s), before distribution.
- Will visually confirm that they are giving the medication to the correct participant and, when possible, have a second staff member verify the distribution.
- Will complete the Medication Distribution Log, tear the medication envelope(s) in two to verify distribution of all pills, and keep the torn medication envelope(s) through the duration of the program.
- Will turn in the torn medication envelope(s), Medication Distribution Log, and Medication Waiver to a program supervisor, upon completion of the program.
- Will return any unused medications to the caregiver upon pick-up.

It is only through a collaborative effort between Legal Guardians and WDSRA that we can safely administer medications to our participants. While we recognize that some situations will not allow for the abovementioned procedures to be followed, we reserve the right to determine whether or not a participant will be permitted to participate in a program if these procedures are not followed. Refunds will not be issued.



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WDSRA Medication Waiver & Release of All Claims & Assumption of Risk

Participant's Name: _____

Date of Birth: ____/____/____

List ALL Medications (prescription & over the counter)	Dosage	Time Administered – Please List Specific Times If Needed					As Needed	Instructions and other important information
		Morning	Lunch	Dinner	Bedtime			
<i>Example: Clonidine</i>	500mg	7am		7pm			<i>Take with food, swallows with a drink</i>	
<i>Example: Tylenol</i>	200mg					X	<i>Can take 2 when complains of headache</i>	
<i>Example: Epi pen</i>						X	<i>Administer in outer thigh and keep pen at room temperature.</i>	

Please turn over & make sure you sign →

Participant's Name (Page 2): _____

Date of Birth: /_____/_____

Do any of the medications listed on reverse have any side effects we need to be aware of?

Medication: _____

Side Effect: _____

Medication: _____

Side Effect: _____

Medication: _____

Side Effect: _____

Other Information

List any medications the participant is allergic to: _____

Primary Physician's Name: _____

Phone Number: (_____) - _____

Pharmacy Name: _____

Phone Number: (_____) - _____

Please circle below the over the counter drugs the participant can take if necessary. These are the only over the counter medications approved for WDSRA staff to purchase and administer if needed.

Antacid

Pain Reliever

Antihistamine

Cough Syrup

I, _____ **(print parent/guardian name)**, recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor or adult child/ward and I voluntarily and expressly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of any and all activities associated with the administration of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency and failing to recognize the need to summon emergency medical services. In consideration of the WDSRA administering medications to my child/ward, I further agree to waive, relinquish, and forever discharge WDSRA from all claims I, or my child/ward, may have (or which may hereafter accrue to me or my child/ward) as a result of the administration of medication against WDSRA, including its officials, agents, volunteers, and employees (collectively referred to herein as WDSRA). I do hereby fully release or discharge WDSRA and its officers, agents, employees and volunteers from any and all claims from injuries, damages and losses I or my child/ward may have (or accrue to me or my child/ward), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Parent/Guardian Signature

_____/_____/_____
Date