



**YOUTH
RESOURCES**
OF SOUTHWESTERN INDIANA

PERMISSION TO DISPENSE MEDICATION WAIVER

To be completed for prescription medications.

All prescription medications must be turned in to Youth Resources at TEENPOWER check-in.

STUDENT INFORMATION

First: _____ Middle: _____ Last: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____

MEDICATION TO BE ADMINISTERED

Medication name: _____ Dosage (how often): _____ Refrigeration required: Y N

Note/instructions: _____

Medication name: _____ Dosage (how often): _____ Refrigeration required: Y N

Note/instructions: _____

Medication name: _____ Dosage (how often): _____ Refrigeration required: Y N

Note/instructions: _____

ADMINISTRATION NOTES

High School TEENPOWER: Youth Resources will administer AM/PM dosages at tables in the Ridgeway lobby outside of the dining hall during breakfast and dinner.

Middle School TEENPOWER: Youth Resources will administer AM/PM dosages in the dorm lobbies before breakfast and before lights out.

NOTES

Written permission from the parent/guardian is required for all medication. In order to administer medication to your student, the following procedures must be followed:

- Prescription medications must be brought to TEENPOWER in the original pharmacy bottle. The label on the pharmacy bottle meets the requirements for the physician's signature. Prescription medication requires written permission (above) from the parent/guardian stating the amount of medication, the hours for administration, and the period of time that the medication is to be continued.
- Medications must be picked up at TEENPOWER check-out.

AUTHORIZATION

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in my absence, I hereby authorize Youth Resources of Southwestern Indiana and its TEENPOWER Adult Staff to administer to my child the above noted medication. I further acknowledge and agree that when the above medication is administered, I waive any claims I might have against Youth Resources of Southwestern Indiana and its staff arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Youth Resources of Southwestern Indiana and its staff, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Printed name: _____

Signature: _____ Date: _____

Cell phone: _____ Work phone: _____

****STUDENT SELF-CARRY AND SELF-ADMINISTER MEDICATIONS****

I acknowledge that my student can carry and self-administer emergency medication. Please list details about the medication to be self-administered on Page 1. I affirm that the student has been instructed on how to self-administer the medication and is capable of doing so, and the nature of the student's disease or condition may require emergency administration of this medication.

****SIGNATURE ONLY NECESSARY IF PERMITTING STUDENT TO SELF-ADMINISTER MEDICATION***

Signature: _____ Date: _____



YOUTH RESOURCES OF SOUTHWESTERN INDIANA MEDICATION ADMINISTRATION POLICY

Inevitably, some TEENPOWER participants will require medication while at TEENPOWER. The process for handling and administering medications must be well-structured and carefully followed in order to ensure the interests of the participant and the providers are best served. Prescription and over-the-counter medication must be turned in at check-in and picked up at check-out. The parent/guardian must complete the attached form for any and all medications.

STAFF DOCUMENTATION

1. Staff giving medications will document the time, date, dosage, and route of the medication given on the child's Medication Administration Form and will sign each time a medication is given. Notation of failure to provide medication at the prescribed time as requested by a physician or parent will also be noted.
2. Staff will report and document any observed side effects on the child's individual medication form.
3. Staff will provide a written explanation why a medication was not given.
4. ***Medication authorization and documentation is considered confidential and must be stored out of general view.***

Medication errors will be controlled by checking the following six items each time medication is given:

- Right child
- Right medication
- Right time
- Right dosage
- Right route
- Right documentation

MEDICATION STORAGE

1. Medication will be stored as follows:
 - Inaccessible to TEENPOWER participants – controlled substances (i.e. Ritalin) will be stored in a locked location
 - Separate from staff or household medications
 - Protected from sources of contamination
 - Away from heat, light and sources of moisture
 - At temperature specified on the label (refrigerated if required)
 - So that internal (oral) and external (topical) medications are separated
 - Separate from food
 - In a sanitary and orderly manner
2. Medications remaining at the end of TEENPOWER will be picked up at check-out. Medications not claimed will be destroyed.

