Town of Leesburg
Department of Parks and Recreation
Waiver, Release of Liability and Assumption of Risk

I, _____, hereby authorize Town of Leesburg personnel to facilitate the use of medications by my child as stated on the attached ***Written Medication Consent Form****. In consideration of the Town personnel's agreement to administer medication to my child, I hereby waive, release, indemnify, hold harmless and forever discharge the Town of Leesburg, its officers, directors and employees from any and all claims, liabilities, losses, damages, expenses, and causes of action of every nature and kind which may arise out of or relate in any way to the administration of medication to my child. I have read the procedures outlined below and I assume responsibilities as required.* **This waiver, release of liability and assumption of risk shall be binding upon all other parents, heirs, executors, administrators, personal representatives and assigns.**

1. Medications should be administered at home whenever possible. All medications to be administered during program hours may be administered by staff only when a **Written Medication Consent** form has been executed by a parent or guardian. Some medications also require authorization by a physician. The parent/guardian must transport the medication to the park site and give to designated staff.
2. The medicine must be properly labeled with the child's name, medicine name, exact dosage to be taken, and exact time dose is to be taken. The medication must be in the original container. The **Written Medication Consent** form and container must match.
3. If the medication is in the form of a pill, the number of pills in the container must correspond with the number of days and times the child will attend the program.
4. Medications other than liquid/pill, epi-pen, ear/eye drops, and inhalers may be administered on a case-by-case basis. Please contact the Youth Services Supervisor at 703-777-1368.
5. Personnel may not accept medication unless the **Written Medication Consent** form is completed and signed.
6. The parent/guardian is responsible for submitting a new **Written Medication Consent** form each time there is a change in dosage or a change in time when the medication is to be administered.
7. Medication must be hand delivered by the parent/guardian to Town staff and any unused medication must be picked up by the parent/guardian immediately after effective date or on a child's last day of attendance in the program.
8. The Town of Leesburg does not assume responsibility for unauthorized medication taken independently by the child.

Child's Name _____

Date of Birth _____ **Sex: Male Female**

_____

Parent/Guardian Signature **Date**

Written Medication Consent Form

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- Parents MUST complete #1 through #23 (omit #18) for medication to be administered 10 days or less OR for non-prescription topical medication including sunscreen, diaper ointment or insect repellent.
- The child's health care provider MUST complete #1 through #18 for Long-Term medications or when dosage directions state "consult a physician." The parent completes #19 through #23.

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:

7A. Frequency to be administered: _____

OR

7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____

_____

8A. Possible side effects: ☐ Parent must supply package insert (or pharmacy printout) for complete list of possible side effects

AND/OR

8B. Additional side effects: _____

9. What action should the child care provider take if side effects are noted:

☐ Contact parent ☐ Contact prescriber at phone number provided below

☐ Other (describe): _____

10A. Special instructions: ☐ Parent must supply package insert (or pharmacy printout) for complet list of special instructions

AND/OR

10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____

_____

11. Reason the child is taking the medication (unless confidential by law):

12. Does the above named child have a chonic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?

☐ No ☐ Yes If you checked yes, complete #33-#34 on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?

☐ No ☐ Yes If you checked yes, complete #35-#36 on the back of this form.

14. Date consent form completed:	15. Date to be discontinued or length of time in days to be given (this date cannot exceed 6 months from the date authorized or this order will not be valid):
16. Prescriber's name (please print):	17. Prescriber's telephone number:

18. Licensed authorized prescriber's signature:

Required for Long-Term medication or when dosage directions state "consult a physician".

This is a double-sided form

Written Medication Consent Form

PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?) ☐ Yes ☐ N/A ☐ No Write the specific time(s) the child day program is to administer the medication (i.e.: 12pm):_____
20. I, parent/legal guardian, authorize the child day program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to _____ (child's name).

21. Parent or legal guardian's name (please print):	22. Date authorized:
23. Parent or legal guardian's signature:	

CHILD DAY PROGRAM TO COMPLETE THIS SECTION (#24 - #30)

24. Provider/Facility name:	25. Facility telephone number:	26. (leave blank)
27. I have verified that #1- #23 and if applicable, #33 - #36 are complete. My signature indicates that all information needed to give this medication has been given to the child day program.		
28. Authorized child care provider's name (please print):	29. Date received from parent:	
30. Authorized child care provider's signature:		

ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ (date). Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.
32. Parent or Legal Guardian's Signature:

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)

33. Describe any additional training, procedures or competencies the child day program staff will need to care for this child._____ _____ _____
34. Licensed Authorized Prescriber's Signature:
35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order. DATE: _____ By completing this section the child day program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.
36. Licensed Authorized Prescriber's Signature:

This is a double-sided form