

## **Avon Recreation and Parks** *Participant/Camper Medical Plan*

The Avon Recreation and Parks Department complies with the Americans with Disabilities Act (ADA) and welcomes persons with medical conditions and/or disabilities in all programs and services. If you or your child require reasonable modifications to a recreation program in order to participate, please indicate this when you register online under the *Medical Information* section on your account and it is preferred that you call the Recreation and Parks Department at least 4 weeks prior to the start of the program at 860-409-4332. It is the responsibility of the parent/guardian to contact the Recreation Department to put a medical plan into place.

### Medical/Non-Medical Plan Policies and Procedures

- Topicals such as sunscreen, bug spray, lotion, aloe, anti-itch cream, will be applied by staff (when needed) with permission from the parent/guardian by agreeing to the online *Administration of Topicals Authorization* disclaimer. Campers will be responsible for holding onto their topicals. We have sunscreen on site if a camper forgets theirs.
  - Medical Emergency Medications
    - Medical Emergency Medications: All other medications prescribed to prevent a medical emergency will be administered by a Medication Administration Certified Staff with written permission from the parent/guardian **and** health care provider on the *Camper Medication Authorization* form (pg. 3). The medication will be in the possession of the Camp Director/Assistant Director. Medications will be provided for daily use only and will not be stored at camp, so a parent/guardian must bring the medication daily.
  - Reasonable Modification of Policies – Parents/Guardians of campers with a condition requiring support are encouraged to reach out to the Recreation and Parks Department as soon as you can after registration so that we can work towards any reasonable modifications to our existing practices if necessary. We want to have all campers successfully participate in our programming. Our goal is for your child to have a safe and enjoyable experience in our program and, in order to keep your child safe, we may need some specific information to best support your child. In some instances, we may ask to schedule a meeting prior to admission so we can discuss your child's needs. If necessary, we will include voices of relevant adults (teachers, medical providers, etc) and obtain relevant documents (IEP, behavior plan, etc) so we can achieve our goal of best accommodating the child's needs.
  - Once the individual's appropriate medical plan and forms are in place, it is the responsibility of the parent or guardian to supply the camper or camp staff with everything required to accommodate the child's nonmedical (i.e. topicals, sunscreen) or medical needs (i.e. epi pen, inhaler, or prescription).
  - A Medical Record Book will be kept by the Camp Director and returned to the Director of Recreation and Parks on the last day of the camp session.
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**I have read and agree with the information set forth in the above. I agree that I have provided the Avon Recreation and Parks Department with all relevant information to help best serve my child/children/participant in the program.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Print Name of Parent/Legal Guardian: \_\_\_\_\_

**Avon Recreation and Parks Department  
Participant/Camper Medication Administration Authorization**

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Program participating in: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Controlled Medication? **Y** **N**

Condition for which drug is being administered: \_\_\_\_\_

Under what circumstances should medication be administered?

Dosage: \_\_\_\_\_ Methods/Route: \_\_\_\_\_

Time (if applicable): \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Medication Side Effects: \_\_\_\_\_

None Expected

Any allergies or reaction to/negative interaction with food or drugs: \_\_\_\_\_

Plan of Side Effect Management: \_\_\_\_\_

*[Epi Pen, Epinephrine Nasal Spray, or Inhaler only]*

Child may carry and self-administer \_\_\_ YES \_\_\_ NO

*If no, Med Admin Certified Recreation Staff will carry and help administer.*

\_\_\_\_\_  
*Prescriber's Name/Title*

(\_\_\_\_) \_\_\_\_\_  
*Prescriber's Phone #*

\_\_\_\_\_  
*Prescriber's Address*

\_\_\_\_\_  
*Town*                      *State*

\_\_\_\_\_  
*Prescriber's Signature*

\_\_\_/\_\_\_/\_\_\_  
*Date*

**Parent/Guardian Authorization:**

The participant/parent/guardian will be responsible for giving the medication to Recreation Staff when checking in at camp and will take the medication home with them when leaving camp each day.

As agreed in the *Emergency Medical Disclaimer* signed upon registration, in the event of a serious medical emergency or accident, I authorize the Avon Recreation and Parks Department staff to have my child treated by a readily available physician and/or hospital. I hereby grant the Town of Avon and its agent's full authority to take whatever action they deem necessary regarding my child's health in the case of an emergency where myself and/or the participant's emergency contact is/are unable to make the decision.

I release the Town of Avon and its agents from any liability in connection with the administration of medication or its emergency decision making regarding my child's health to the extent permitted by law.

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by youth camp personnel and I give permission for the exchange of information between the prescriber and the Recreation Department if necessary to ensure the safe administration of this medication.
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects.

\_\_\_\_\_  
Name of Parent/Legal Guardian Relationship

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date / /

Best Contact Phone Number(s): \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL MUST BE COMPLETED IF THE CHILD IS SELF-ADMINISTERING MEDICATION**

Only applicable for inhalers for asthma and cartridge injectors for medically diagnosed allergies, and epinephrine nasal spray or injectors. Campers may carry and self-administer medication only with the written authorization of an authorized prescriber and parent/legal guardian.

**Prescriber's authorization for self-administration:**

YES  NO \_\_\_\_\_  
Signature Date / /

**Parent/Guardian authorization for self-administration:**

YES  NO \_\_\_\_\_  
Signature Date / /