



City of Ketchum  
Parks & Recreation

## Health Care Provider's Order for Prescription and Non-Prescription Medication

### Note to Parent or Guardian

The provision of medication to participants during recreation program hours is discouraged. However, our program recognizes those special cases where the participant's physician documents a need for dosing.

1. It is the policy of our program to maintain a signed order for **each** medication that recreational staff are asked to dispense during program hours. This form must be completed, signed and returned to the Recreation Supervisor **before** any medications can be given. This form must be renewed **each** program season as program hours change.
2. The medication must be sent to the program site in its **original** container.

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

### To be completed by the Health Care Provider

Diagnosis (or reason for medication) \_\_\_\_\_

Name of Medication \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule    Liquid    Inhaler    Injection    Nebulizer    Other

Instructions (Schedule and dose(s) during recreation program) \_\_\_\_\_

Restrictions and/or other important side effects:

None anticipated    Yes. Please describe: \_\_\_\_\_

Storage requirements:    None    Refrigerate

This participant is both capable and responsible for self-administering this medication:

<input type="checkbox"/> Yes, unsupervised	<i>Use log on back to document medication administration</i>	
	<input type="checkbox"/> Yes, supervised	<input type="checkbox"/> No

Because of the need for immediate access by this participant, this medication should:

Be kept in the Participant's backpack    Be kept in the Recreation office    Other

**Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

