

**Check List**  
**Special Medication Authorization**

Please include camp name, address and license number

The licensee may request to administer medication to a child attending the youth camp by a modality other than oral, topical, inhalant, injectable by a premeasured commercially prepared auto-injector, rectal, and injectable other than by a premeasured commercially prepared auto-injector.

- Written order by Authorized Prescriber:**
- Name, address, and date of birth of child
  - Date medication was ordered
  - Medication or drug name, dose, and method of administration
  - Time medication is to be administered
  - Date(s) the medication is to be started and ended
  - Relevant side effects and the authorized prescriber's plan for management if they occur
  - Notation if the medication is a controlled drug
  - Listing of any allergies, reactions to or negative interactions with foods or drugs
  - Specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given
  - Name, address, and telephone number of the authorized prescriber ordering the drug
  - Authorized prescriber's signature
  - Name, address, telephone number, signature, and relationship to the child of the parent(s) giving permission for the administration of the drug.
- Statement by the **authorized prescriber** indicating that the requested modality is the only reasonable means of providing medication; and that the administration must occur during hours of the child's attendance at the youth camp.
- Statement by the **authorized prescriber** that the proposed training is adequate to assure that the medication shall be administered safely and appropriately to the particular child.
- Written training plan including:**
- Full name, signature, title, license number, address, and telephone number of the physician, advanced practice registered nurse, physician assistant, pharmacist or registered nurse who shall provide the training.
  - Detailed outline of the curriculum areas to be covered in training including, but not limited to:
    - Statement of objectives
    - Description of administration including principles and techniques

- Techniques to encourage children who are reluctant or noncompliant to take their medication and the importance of communicating the noncompliance to the child's parent and to the authorized prescriber
- Demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly
- Recognition of side effects and appropriate follow-up action
- Safe handling, including receiving medication from parent, and safe disposal
- Universal Precautions
- Proper storage
- Record keeping

Written permission from the child's parent/guardian

Other requested written information from the Agency

***These policies and procedures shall be available for review by the Agency during site inspections or upon demand and shall reflect best practice.***

Program should have written policies and procedures for the administration of this medication for this individual child including, but not limited to;

- Parent responsibilities and Equipment
- Staff training, staff responsibilities and/or limitations
- Proper storage, maintenance, labeling and disposal of test materials and supplies
- Record keeping
- Reporting test results, incidents and emergencies to the child's parent(s) and the child's physician, physician assistant or advanced practice registered nurse
- A location where the tests occur that is respectful of the child's privacy and safety needs.

*If the Agency grants the petition, NO medication may be administered until after the proposed training program has been successfully completed and a written certification from the physician, advanced practice registered nurse, physician assistant, pharmacist or registered nurse who provided the training is submitted to the Agency. The certificate shall include:*

**Certification**

Full name, signature, title, license number, address, and telephone number of the physician, advanced practice registered nurse, physician assistant, pharmacist or registered nurse who shall provide the training;

location and date(s) the training was given;

a statement by the trainer that the curriculum approved by the Agency was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

the name, date of birth, address, and telephone number of the person(s) who successfully completed the training.

***Once the certification is received, the facility will be notified in writing by the Agency that approval for the petition for special medication authorization is granted. Until then, unlicensed personnel will not be allowed to administer this medication.***