

# AD 39 – Section 6: Guide to Medicine Registration, Storage, Distribution, and Usage at Program/ Camp

## ■ Step 1: Registering for Program/Camp

- 1) Parent/ legal guardian must disclose if medications will be needed during the program/ camp by filling out the new Youth Program Health Services Medical Treatment Authorization form (“form”).
- 2) The form is to be included in the registration process and may be accessed through the link located in Policy AD39. The form must be submitted by parent/ legal guardian prior to, or at the time of, registration.

**Penn State University Youth Program Health Services Medical Treatment Authorization**

This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any program activities.

**Personal Information**  
 Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F  
 Specify program your child will be attending: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Plan Number \_\_\_\_\_ Is physician authorization needed?  Yes  No  
 Name of Family Physician \_\_\_\_\_  
 In case of emergency, please notify:  
 If neither parent nor guardian is available in an emergency, please contact:  
 1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_

**Health History (Please check and provide approximate dates that youth suffered from allergies and other conditions listed below)**  
**Allergies**  
 Hay Fever  Bee/Wasp Stings  Insect Stings  Pesticides  Peanut  Other Food/Drugs: \_\_\_\_\_  
**Other**  
 Asthma  Diabetes  Concussions  Concussion  Behavioral/Emotional  Other: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_  
 Please list any major past illnesses (contagious and non-contagious): \_\_\_\_\_  
 Please list any major operations or serious injuries (include dates): \_\_\_\_\_  
 Has the youth ever been hospitalized? \_\_\_\_\_  
 Does the youth have any chronic or recurring illness? \_\_\_\_\_  
 Is there anything else in youth's health history that the program staff should know? \_\_\_\_\_  
 Are there any activities from which the youth should be restricted? \_\_\_\_\_  
 Are there any specific activities that should be encouraged? \_\_\_\_\_  
 Does the youth have any special dietary restrictions?  NO  Yes, if YES, explain: \_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, \_\_\_\_\_ etc.)?  NO  Yes, if YES, explain: \_\_\_\_\_

Will the youth need to take any medication during the program?  NO  Yes  
**(If YES, please list the specific prescription or over-the-counter medication name, reason for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.)**

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken
1		
2		
3		
4		

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

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Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, Epi-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival. For identification purposes, a current picture of the child is to be provided upon registration.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

All medications will be kept in a secure locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications ONLY. Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, Epi-pens, insulin injections). Penn State Youth Program staff will NOT purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff will NOT dispense medications, but may monitor the self-administration of certain medications if necessary, ONLY upon written consent of the parent(s)/legal guardian(s) and/or physician orders.

It is NOT permissible for a participant to share any medications with any other participants.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program. I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine levels) and medical treatment as necessary to my minor child(ren)/ son(s)/daughter. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the Youth Program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does not charge for services and that it is my responsibility to pay the bill if a claim can't be submitted by the University Health Services to my private insurance. As applicable, I may be responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.

I understand that, in accordance with Youth Program policy, the medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camps, I agree to the provisions outlined above relating to the management of medications.

**HIPAA**  
 Penn State honors the privacy of the participants in its Programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices:  
<http://medicine.hhs.psu.edu/health/your-care/your-health/noticeofprivacypractices.shtml>

Parent/ Legal Guardian Name (please print) \_\_\_\_\_ Parent/ Legal Guardian Signature \_\_\_\_\_  
\* Terms and Conditions agreed to via electronic signature  
 Date: \_\_\_\_\_

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## Step 2: On-Site Camp Sign-In

- 1) A program/ camp staffer meets with the parent/ legal guardian to review all medication issues and needs addressed on the aforementioned form. If a parent or guardian is not present and there are questions, the Camp Staff should make arrangements to communicate with them via phone.


- 2) Medication is to be provided in its original pharmacy container labeled with the participant's name, medicine name, dosage and timing of consumption. Over-the counter medications must be provided in their manufacturers' container.
- 3) All medications must be placed in a zip-lock bag provided by the program/ camp. The bag should clearly identify the participant by name (see below).



- 4) The Daily Medication Log ("Log"), which will be provided prior to or at sign-in, must be completed and stored as follows:
  - Parent/ legal guardian must provide pertinent information and sign (see red on Log example).
  - If a parent is not present to sign the log, attach the Medical Treatment Authorization form.
  - Attach a current photo of the participant provided by either the parent/ legal guardian or program/ camp. If a photo is not available, a second identifier must be used (DOB, etc.)
  - The Log must be placed in the zip-lock bag.
  - See Sample Log example below.

Daily Medication Log				Picture of Camper											
Name: <u>JOHN JUMPER</u> Date of Camp: <u>06/09/2015</u>															
Medication	Dosage & Frequency	Time		D1 Time	INT	D2 Time	INT	D3 Time	INT	D4 Time	INT	D5 Time	INT	D6 Time	INT
VYVANSE	1 PILL/DAILY	AM		X 7AM	AC	X 7:30 AM	AC	X 7AM	AC						
ADVIL	— AS NEEDED —					X 3PM	EK								
								X 8PM	SM						
										X 8AM	AC				

JANE JUMPER  
 Parent/ Legal Guardian Name (please print)

  
 Parent/ Legal Guardian Signature

▪ **Step 3: Procedure**

- 1) Zip-lock bags shall be stored at a designated secure location in a lock-box.
- 2) At the appropriate time for in-take, two program/ camp staffers shall meet with the participant.
- 3) A program/ camp staffer shall assist the participant with retrieving his/her zip-lock bag from the lock-box.
- 4) Once the participant receives his/her zip-lock bag, a program/ camp staffer will confirm that the participant has the correct bag by looking at the photo or other secondary identifier attached to the Log.
- 5) The participant will then self-administer the medication.
- 6) Once the medication has been taken, the participant will hand the Log to a program/ camp staffer, who will initial (see green on Log example) that the medication was taken and indicate the time of consumption.
- 7) The program/ camp staffer will then hand the Log back to the participant and all items shall be placed back into the zip-lock bag.
- 8) Lastly, the participant shall return the zip-lock into the lock-box, which will remain in the designated secure location.

▪ **Step 4: Conclusion of Camp**

- 1) Parent/ legal guardian and/or participant must see program/ camp staff to pick-up the stored zip-lock bag and retrieve all medication.
- 2) Medication that has been abandoned will be destroyed and will not be sent back to parent/ legal guardian via mail.