



# Rhode Island Department of Human Services

## Medication Administration Form

Authorization	
To be completed by the parent/guardian.	
Child's Name:	<b>Route</b> <input type="checkbox"/> Mouth <input type="checkbox"/> Eye: (Right / Left) <input type="checkbox"/> Nose: (Right / Left) <input type="checkbox"/> Ear: (Right / Left) <input type="checkbox"/> Skin <input type="checkbox"/> Other: _____
DOB:	
Medication:	
Refrigerated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dosage:	
Schedule:	
Start Date:	
End Date:	
Reason for medication:	<input type="checkbox"/> Physician Ordered Physician Name:

I authorize to administer the \_\_\_\_\_  
*Provider/Program Name*  
 to administer the following prescription medication or over-the-counter medication to the child named here. In addition, I will provide a list of potential side effects, obtained at the pharmacy, for prescription medications.

\_\_\_\_\_  
 Parent/Guardian (Print)                      Parent/Guardian Signature                      Date

Medication Administration Log					
Staff Use Only: Complete each time medication is given to this child.					
Date	Time	Medication	Dosage	Notes	Staff Initials



## Individual Plan of Care for a Child With Special Health Care Needs or Disabilities

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

\_\_\_\_\_  
\_\_\_\_\_

Date Signed:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such a plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.