



SCIENCE, TECHNOLOGY, ENGINEERING & MATH

Summer Adventure



the INSTITUTE
FOR ADVANCED LEARNING AND RESEARCH

2023 Medication Authorization Form

A completed form must be submitted for each participant upon arrival the first day of the STEM Summer Adventure (SSA) program. Parents/Guardians must *complete the sections (A, B, and/or C) that apply to your child..*

For the purposes of this Form, “routine” medications or medicine include prescription and over-the-counter non-emergency medicines taken on a set schedule or “as needed” (such as allergy medicine or cold medicine) and “emergency/rescue” medications or medicine include prescription medications needed in the event of an emergency that requires immediate medical attention and intended to relieve symptoms immediately (such as epinephrine, nitroglycerine, albuterol, or rescue inhalers).

SECTION A

(Complete if the participant requires or may require emergency/rescue medications while at an SSA program)

Please use this Section to provide information about emergency/rescue medicines that your child may need during the SSA program(s). This information is requested for allergies and medical conditions that require or may require immediate medical attention. Please list relative information in the space provided and identify the method of treatment.

Participant’s Name: _____

Condition/Illness Requiring Medicine: _____

Name of Emergency/Rescue Medicine: _____

Dosage: _____ Storage Requirements: _____

Medicine quantity being sent to SSA with student: _____

Instructions for Administering Emergency/Rescue Medication: _____

Possible Side Effects: _____

Is the participant authorized and able to retain and administer the Emergency/Rescue Medication?

The following guidelines apply to Emergency/Rescue Medications:

- The parents/guardians must complete and sign this section of the **Medication Authorization Form** for each emergency/rescue medication applicable to the participant. The Institute for Advanced Learning and Research (IALR) will not store emergency/rescue medications (unless directed to do so by a health care provider because of special storage requirements such as refrigeration) because emergency/rescue medications generally need to be in the possession of the participant in the event of an emergency.
- The parents/guardians acknowledge and understand that the participant will be primarily responsible for self-administering emergency/rescue medications and that IALR will only administer emergency/rescue medications in those circumstances when there appears to be an emergency and the participant appears incapable of administering the emergency/rescue medications.
- If emergency/rescue medicine is to be held by a participant it is the responsibility of that participant and his/her parents/guardians to ensure that the medicine is adequately secured.
- IALR does not maintain a supply of emergency/rescue medications. If the participant may be in need of such emergency/rescue medications, then the parents/guardians must complete this section of this form and the participant must bring those emergency/rescue medications to the SSA program.
- Prescription medicine must be in the original labeled container. The label must include the student's name, the name of the medicine, instructions for dispensing the medicine, the medication quantity, and the prescribing doctor's name. (Pharmacists can provide a duplicate labeled container with the dosage to be given during the SSA program.)
- A new **Medication Authorization Form** must be completed whenever a new medicine or dosage is to be given to the student.
- The parents/guardians are responsible for picking up any unused medicine from the Program Coordinator, Instructor or assigned designee. Any medication not picked up will be discarded at the end of each program.
- In the event of an emergency, the parents/guardians authorize IALR, its affiliates, and their staff to administer the emergency/rescue medications listed on this form. The parents/guardians acknowledge and understand, however, that IALR, its affiliates, and their staff are not able to administer insulin or glucagon.

SECTION B

(Complete if the participant requires or may require routine prescription or over-the-counter medications while at an SSA program)

Neither IALR nor any of its affiliates or staff, is allowed to distribute, dispense, or administer routine medications for SSA programs. Participants are encouraged to take all such routine medicines at home before coming to IALR whenever possible. Participants who must take routine medications at IALR during an SSA program will be required to self-administer those medications. All such routine medications must be stored in a secure location provided by IALR when not being used.

Participant's Name: _____

Condition/Illness Requiring Medicine: _____

Name of Routine Medicine: _____

Dosage: _____

Storage Requirements: _____

Dosage Schedule: _____

Medicine quantity being sent to SSA with student: _____

Instructions for Administering Medication: _____

Possible Side Effects: _____

Other relevant information: _____

- If possible, parents/guardians are encouraged to have their children take all routine medicines at home.
- The parent/guardian must complete and sign this section of the Medication Authorization Form for each routine medication applicable to the participant. Participants may not bring any routine medication with them unless this form is completed.
- The parent/guardian should send all routine medications with the participant. Please inform the participant that they will be required to store all routine medications in a location provided by IALR. Participants will not be permitted to retain any type of routine medication on their persons during their time at IALR.
- Prescription medicine must be in the original labeled container. The label must include the student's name, the name of the medicine, the medication quantity (where applicable), instructions for dispensing the medicine, and the prescribing doctor's name. Pharmacists can provide a duplicate label container with the dosage to be given during their stay at SSA.
- A new **Medication Authorization Form** must be completed whenever a new medicine or dosage is to be given to or taken by the student.
- The parents/guardians are responsible for picking up any unused medicine from the Program Coordinator, Instructor or assigned designee. Any medication not picked up will be discarded at the end of each program.
- SSA staff will provide a location for all students to store any routine medication that they may be required to take during their stay at SSA. It is each student's responsibility to request access to their medications at the appropriate times.
- While SSA will store routine medications, SSA staff will neither dispense nor administer any type of routine medication. Each student is required to retrieve, open, and take all medications at the appropriate time. Once each student has taken their routine medications they must return the remaining routine medication to the storage location.
- The parents/guardians acknowledge and understand that IALR will not dispense or administer routine medications and that the participant will be responsible for self-administering routine medications.

I understand the guidelines for emergency/rescue medicines as stated in Section A above and the guidelines for routine medications as stated in Section B above. I authorize IALR, its affiliates, and their staff to act in accordance with these guidelines as to routine and emergency/rescue medications.

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

SECTION C

(Complete if the participant is not anticipated to need any medications while at an SSA program)

Participant's Name: _____ does NOT require the administration of routine or emergency/rescue medications during the SSA program.

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Completed form must be submitted upon arrival on the first day of the STEM Summer Adventure Program