

Virginia Aquarium & Marine Science Center Programs

Medication Administration Request Form (Complete one form for each medication)

- Multiple medications cannot be listed on one medication consent form
- If your child requires an Epi-Pen, you must complete this form AND the Consent for the Administration of Epinephrine (Epi-Pen) Injections
- You MUST complete the Participant and Parent/Legal Guardian Information sections for medication to be administered 10 days or less, non-prescription and/or topical medications, and/or if submitting Virginia Asthma Action Plans, Life Threatening Allergy Management Plans or Hampton Roads School Medication forms
- The Licensed Authorized Prescriber Section must be completed for all prescription, non-prescription and topical medications

Participant's Information <small>one form per participant, per medication</small>		
Name	Date of Birth	Known Allergies
Parent/Legal Guardian Information		
Name		Primary Phone
I authorize the Virginia Aquarium program to maintain and/or administer, if Epi-Pen, the medication as specified on the "Licensed Authorized Prescriber Section" to <i>(print child's name)</i> :		
Procedure for Self-Administered Medication		
<p>General Information</p> <ul style="list-style-type: none"> • All medication will be self-administered, except the Epi-Pen Injection unless the Permission to Carry and/or Self-Administer Life Saving Medication section is approved • Aquarium Education Department staff will: <ul style="list-style-type: none"> ○ lock up the medication or equipment (unless the Permission to Carry and/or Self-Administer Life Saving Medication section is approved) ○ contact parent immediately if any problem arises concerning this medication or equipment ○ not be responsible for equipment if broken • If staff has any concerns with the medication or specialized procedures request, they will discuss them with the parent • Accommodations will be made as necessary • If there is a change in the medication, dosage and/or specialized procedure, an updated Medication Consent Form must be completed and submitted for approval before this medication or specialized procedure can be brought to the program and self-administered • Approved medications must be provided to the Virginia Aquarium Education Department staff within 2 days of being notified of the approval, or the first day of the program, whichever is later. If the requested medication is not provided to staff within that time, the form will become null and need to be resubmitted. 		
<p>Medication</p> <ul style="list-style-type: none"> • Parents will: <ul style="list-style-type: none"> ○ make alternate arrangements for administration of any medication prior to submitting completed medication consent forms ○ educate their child in regards to the medication administration requirements ○ provide approved medications in the original labeled pharmacy/physician containers and appropriate administration tools to measure the dose accurately (i.e. measuring spoon, measuring cup, etc.) ○ verify the amount of medication being dropped off with Virginia Aquarium Education staff. On the participant's last day in attendance staff will return the unused medication to the parent. • "As Needed" medications such as Inhalers, Benadryl, Epi-Pen, and Auvi-Q will be maintained at the site for the duration of the program in which the participant is enrolled if requested by the parent • Parents are encouraged to meet with staff to review their child's medication needs • At the time specified in the frequency section herein, staff will hand the medication to the participant and will oversee the taking of the medication • The staff will document that the medication was self-administered on a medication log • Any unusual side effects will be reported immediately to the parent and supervisor, if severe 911 will be called. 		
<p>Specialized Procedure</p> <ul style="list-style-type: none"> • A Release for the Administration of Epinephrine Injections (Epi-Pen) Form must be completed in addition to this form and signed by a physician and parent in order for a participant to carry an Epi-Pen or the site to maintain an Epi-Pen for a participant • Parent must understand that with the exception of the Epi-Pen Injection, Virginia Aquarium Education staff are not trained to administer medication and do not have legal authority to do so 		
I will not hold the City of Virginia Beach, Virginia Aquarium & Marine Science Center or any of their employees, contractors or agents liable for any negative outcome resulting from the self-administration of medication approved on this form by the participant.		
I understand that the Virginia Aquarium & Marine Science Center, after consultation with the parent(s) may impose reasonable limitations or restrictions upon a participant's possession and/or self-administration of said medication relative to the age and maturity of the participant and other relevant consideration.		
I understand that the Virginia Aquarium & Marine Science Center may withdraw permission to carry and self-administer medication at any point during the duration of the program if it is determined the participant has abused the privilege of carrying and self-administration or that the participant is not safely and effectively administering the medication.		
I have read and fully understand these guidelines. I voluntarily consent to the program maintaining the medication listed herein and to my child self-administering said medication(s). I further agree to adhere to the above guidelines.		
Parent/Legal Guardian Signature		Date
Participant Signature <small>(for self-carry and/or self-administer request)</small>		Date

Licensed Authorized Prescriber Section

Name of Medication including strength <i>(one per form)</i>	Amount/Dosage to be given	Route of Administration
Frequency to be administered	Identify the symptoms that will necessitate administration of medication <i>(signs and symptoms must be observable and, when possible, measurable parameters)</i>	
Possible side effects <i>(must supply package insert and/or pharmacy printout for complete list of possible side effects)</i>	Additional side effects	
Date to be discontinued or length of time in days to be given	Date to be discontinued	

Permission to Carry and/or Self-Administer Life Saving Medication

This section is to be completed if a participant has a life-threatening medical condition and the healthcare provider, parent and participant agree the participant is mature and able to carry the medication and/or self-administer as needed. Prescriber please check all that apply:

- I as the Healthcare Provider, certify that this child has a medical history of **asthma** and has been trained in the use of the **prescribed medication(s)**. Education Staff should be notified anytime the medication is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.
- I as the Healthcare Provider, certify that this child has a medical history of **severe allergic reactions** and has been trained in the use of the **Epi-pen**. Education Staff should be notified anytime the injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.
- Self-Carry Self-Administer

Licensed Prescriber's Name <i>(printed)</i>	Signature	Date Authorized
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STAFF USE ONLY SECTION

Program(s) Attending	Date Received From Parent	Date Approved
Notes		
Staff Name <i>(printed)</i>	Staff Signature	Date