



# Completing Your Child's Healthcare Forms

## Individual Health Care Plan Form (IHCP)

### Who needs to complete an IHCP?

- This form is required for any child who has a chronic medical condition, including but not limited to asthma, allergies requiring epi-pens, seizures, ADHD requiring medication, etc.

### Who signs this form?

- This form must be completed and signed by both a parent/guardian and your child's doctor.

### Can you accept my child's Action Plan instead?

- If your child has their own action plan from their doctor, you must copy down the information from their plan to our Individual Health Care Plan Form to ensure all criteria is met. In this scenario, your child's doctor does not have to sign our IHCP, but a parent/guardian must. You must attach your action plan (*with the doctor's signature*) to our Individual Health Care Plan Form.

### How often do I need these forms completed?

- All forms are good for ONE calendar year, unless any changes are made to your child's treatment plan. If changes are made, and updated form must be completed and returned to the Club ASAP.

## Medication Consent Form

### Who needs to complete a Medication Consent Form?

- A Medication Consent Form is required for any child who may need to have medication administered while in the care of the Boys & Girls Club of Greater Billerica. This form is required for ALL medication including emergency, routine prescription medication, over the counter medication, and topical medication.

### Who needs to sign the Medication Consent Form?

- **Prescription medication:** Form must be signed by the Parent/Guardian (*The prescription label will fill the requirement for the physician's signature, however, parents must complete the information on the form based on the prescription label before signing.*) Instructions listed on the prescription label must match what is written on the Medication Consent Form.
- **Non-prescription medication** (*i.e. Benadryl or Tylenol*): Form must be completed and signed by both the parent/guardian and your child's doctor.

### How often do I need these forms completed?

- All forms are good for ONE calendar year, unless any changes are made to your child's treatment plan. If changes are made, and updated form must be completed and returned to the Club ASAP.

### How should medication be given to the Program?

- Medication should be received by the program BEFORE you child's first day.
- Medication should be given directly to the Site Coordinator of each program. (Front Desk for Summer Camp)
- **Medication must be in its original packaging with your child's name clearly visible.**
  - **Prescription medication** (*i.e. Epi-Pens, Adderall*) must be in its original pharmacy bottle/container and be accompanied by a prescription label.
  - **Non-prescription medication** (*i.e. Benadryl or Tylenol*) must be in a clear bag with your child's name clearly written on it.

### What happens if the medication expires?

- Any expired medication will be given back to parents/guardians. Parents should replace medication as soon as it expires.



# Individual Health Care Plan Form

Forms must be updated annually or any time a change occurs in your child's health care condition or plan of action.

Check all that apply....

Plan was created by:

Doctor or Licensed Practitioner

Other: \_\_\_\_\_

Plan is maintained by:

Boys & Girls Club Administrative Team

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of chronic health care condition: \_\_\_\_\_

Description of chronic health care condition: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Medical treatment necessary while at the program: \_\_\_\_\_

Potential side effect of treatment: \_\_\_\_\_

Potential consequences if treatment is not administered: \_\_\_\_\_

Name of educator(s) that received training addressing the medical condition: *(To be Completed by the Program)*

- Site Coordinator: \_\_\_\_\_
- Other: \_\_\_\_\_

Person who trained the educator: *(To be Completed by the Program)*

- Trained by Massachusetts EEC Strong Start Training Modules
- Directions contained on Medication Administration Form/Prescription, as applicable
- Other, as applicable: \_\_\_\_\_

Name of Licensed Health Care Practitioner (please print): \_\_\_\_\_

Licensed Health Care Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for Licensed Health Care Practitioner: \_\_\_\_\_

Name of Parental/Guardian (please print): \_\_\_\_\_

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for Parent/Guardian: \_\_\_\_\_



# Medication Consent Form

Plan must be renewed annually or when child's condition changes

**(SEPARATE FORMS MUST BE COMPLETED FOR EACH MEDICATION TO BE ADMINISTERED)**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Please select one of the following:

- Prescription
- Oral/Non-Prescription
- Topical Non-Prescription
- To be applied to open wound/broken skin

Please select one of the following:

- My child has previously taken this medication
- My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan

Dosage: \_\_\_\_\_

Frequency of dose:

- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ *(Must not exceed one year date of authorization)*

- Please select how often the child should receive the medication

- Daily
- On emergency basis in accordance with child's individual health care plan
- Other: \_\_\_\_\_

- Times medication to be given: \_\_\_\_\_

- Route of administration: \_\_\_\_\_

Special Instructions/ Precautions (i.e. give on empty stomach, with water, etc.):

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

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

## Prescribing Health Care Practitioner:

Name of Licensed Health Care Practitioner (please print): \_\_\_\_\_

Licensed Health Care Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for Licensed Health Care Practitioner: \_\_\_\_\_

## Parent Guardian Consent:

I, \_\_\_\_\_ (Parent/Guardian Name) \_\_\_\_\_, give permission to authorize properly trained educator(s) at the Boys & Girls Club of Greater Billerica to administer medication to my child as indicated above.

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for Parent/Guardian: \_\_\_\_\_

