BOYS & GIRLS CLUB
OF GREATER BILLERICA

Individual Health Care Plan (IHCP) & Medication Consent

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?

- No. We will take their Action Plan as an additional document outlining the steps to administer the medication, but that information also needs to be on the IHCP forms completed and signed by both a parent/guardian **and** your child's doctor.

How often do I need these forms completed?

- We require a new IHCP form to be completed for each new Club program. If changes are made, and updated form must be completed and returned to the Club ASAP.

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 completed and signed by both the parent/guardian **and** your child's doctor. 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 must 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, inhalers*) 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 or discarded safely. Parents must replace medication as soon as it expires.

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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: _____

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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 **no**t 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: _____**
- **Can the child self-administer? _____**

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

_____

Reasons for medication:_____

Possible side effects: _____

Directions for storage: _____

<u>Prescribing Health Care Practitioner</u>:

Name of Licensed Health Care Practitioner (please print):_____

Licensed Health Care Practitioner Signature: _____ Date: _____

Phone Number for Licensed Health Care Practitioner: _____

<u>Parent Guardian Consent</u>:

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: _____ Parent/Guardian

Phone Number: _____