

Navy Child and Youth Programs
MEDICATION AUTHORIZATION FORM

REQUIRING DIRECTIVE: OPNAVINST 1700.9

It is preferable that medication not be administered within the CYP. When possible, parents and physicians should adjust medication schedules so that the program staff are not responsible for administration. We recognize that this is not always possible and we will agree to administer any medication as follows:

- Written orders by a physician must be on file in order to administer any medication.
- Parent/legal guardian must sign the liability release.
- Child shall be monitored on the medication for 24 hours each time medication is prescribed before the program staff administers medication.
- Children who need medications administered for extended time periods, or that have special health concerns will be required to complete Identified Needs Intake Package and be reviewed by the Inclusion Action Team (IAT).

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED LEGIBLY BY A PHYSICIAN

Name of child: _____

Name of medication to be administered by CYP staff: _____

Time of day and/or frequency medication is to be administered: _____

Duration of medication (dates): _____

Any known allergies: _____

Can this medication schedule be adjusted so the medication is administered outside the CYP hours only? Yes No

Physician Signature

Date of Order

PARENTAL CONSENT/WAIVER/RELEASE AND INDEMNIFICATION

I hereby give consent for the CYP staff to administer medication to my child as directed above by the physician. I agree to indemnify and hold harmless Navy Child and Youth Programs, MWR, a non-appropriated fund instrumentality of the United States Navy, and any other instrumentality of the United States, and their officers, agents, and employees from any losses, expense, damage, claim, suit, or judgment arising out of or resulting from administration of medication to my child. As the parent/legal guardian, I agree to assume all risk associated with administration of medication including inadequacy or failure of staff and I also assure the said medication is safe for my child.

Parent Name (PRINT)

Parent Signature

Date

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations: E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) authorization to administer medications to your child while receiving care at the program.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.