AUTHORIZATION FOR GIVING MEDICATION: MN 4-H YOUTH DEVELOPMENT

4-H Program Event: _____________________ If State Fair, Encampment Dates: ________________

County/Tribal Community: ______________________________

Participant’s Name: _____________________________  Cell Phone Number: __________________________

Parent/Legal Guardian Name(s): ______________________________________________________________

Phone Number (home) ____________________ (work) ____________________ (cell)____________________

Medication Policy: See back for the policy

Prescription Medication(s)

Directions: Parent/Legal guardian - List all prescription medications brought to the 4-H program using one column for each medication. List the corresponding information below the name of the medication.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication dosage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates to be given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time(s) to be given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor who prescribed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing doctor’s phone number</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Additional information or administration instructions (e.g. prescription requires refrigeration)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature Required

I request that my minor child, the above-named participant, be given the medication noted above according to the prescription instructions by an adult authorized by Minnesota 4-H. I understand that a record of administered medications will be maintained. The participant has experienced no previous side effects from the prescribed medication. I further agree that an adult authorized by Minnesota 4-H may contact the doctor/prescriber as needed.

Parent/Guardian Signature ______________________________________ Date ___________________
Medication Policy

Prescription medication can be very dangerous if administered inappropriately. To help keep all youth safe, medications will be administered according to the policy and procedures described in *Medication Policy and Procedures – Minnesota 4-H Events*

- Refer to this Information Sheet for the procedures on how to prepare, package and transfer medications.
- This authorization form must be completed and turned in with prescription medication.

**There are no exceptions to this policy.**

* * * * * * * * * * * *

**Office Use Only**

| The columns below are to be completed by the Nurse, Extension Employee, MN 4-H Volunteer or designee appointed to accept and administer medications |
|---|---|---|---|
| 1. | 2. | 3. | 4. |
| Is this a quick relief medication for a life threatening condition that the youth will self-carry? *(YES or NO)* |
| Pill count when brought to the 4-H program |
| Number of pills/Ounces of medication remaining at end of 4-H program *(Goal is 0)* |

| The columns below are to be completed by the MN 4-H Volunteer, Extension employee or designee transporting the medication(s) |
|---|---|---|
| Name | Date | Time |
| Adult accepting medication in county/tribal office from the family *(Only necessary if medication is accepted by the county/tribal office and stored in advance of the travel to the 4-H program)* |
| Adult accepting medication and transporting to the 4-H program *(Only necessary if 4-H member is riding in group transportation to the event)* |
| Nurse (or designee) accepting medication at the 4-H program |
| Adult collecting medication at the end of 4-H program to transport it back to the county/tribal office |
| Parent/guardian accepting medication after the 4-H program |

*Updated 5/1/2019*
Parents/Guardians

Medication Administration Policy and Procedures
Minnesota 4-H Programs (including events, activities and gatherings)

Medication Policy

Prescription medication can be very dangerous if administered inappropriately. The medication policy and procedures are designed to help keep all youth safe.

The policy and procedures apply to all youth (participants or employees) age 17 or under who are attending 4-H programs (events, activities and gatherings) that include the following:

1. Stay overnight in 4-H provided sleeping quarters AND/OR
2. Require medication at a daytime program where a parent/guardian is not present.

Medications must be administered according to the following procedures:

1. Participants may bring and keep non-prescription/over-the-counter medicines and prescription topical medications in their possession and use as needed. Standard over-the-counter medications will also be available from the nurse or the designated individual.

2. Participants who require prescription quick-relief medication for potentially life-threatening conditions (e.g. asthma inhaler, bee sting kit, insulin pens) may keep this medication in their possession and use as needed. Parents/guardians are responsible for ensuring the health information in 4HOnline indicates the need for this medication and the section approving self-administration of medication is checked. Parents/guardians will complete the Authorization for Giving Medication: Minnesota 4-H Youth Development form so the nurse or designated individual is aware of the participant’s potentially life-threatening condition, in case of an emergency.

3. All other prescription medications will be collected, recorded, stored and administered according to the following protocols: at home by parents/guardians, in the county/tribal community by Extension employees and at 4-H programs by the nurse or designated individual.
   a. The exception is when a parent accompanies and stays at the event because they have children attending. Prescriptions can then be kept and administered by the parent, we do not collect them in these cases.

(Note: For youth participants staying together at hotels or other overnight accommodations as part of a 4-H program, the standard procedures for managing prescription medication will be followed. These practices will be explained by the 4-H Program Coordinator.)

Parent/Guardian Responsibilities

As the parent/guardian of the 4-H member attending a 4-H program that meets the policy above, please take the
following action:

- Read through this information.
- Prepare and transfer prescriptions medications as described below.
- Complete and sign the Authorization for Giving Medication: Minnesota 4-H Youth Development form (1/child).
- Talk with your child to help them understand this policy and how they will obtain the medications they need while at the 4-H program.

Prepare Prescription Medications

- Determine medications needed during the 4-H program and gather the medications in the amount needed for the duration of the activity or event.
- All prescription medications must be in the original container (bottle, tube, box, etc.) with the printed label from the pharmacy on the bottle which must include:
  - The participant’s name.
  - Actual dosage
    - The dosage must be followed unless a written note from the prescribing doctor is turned in with the container outlining different indications.
  - Storage instructions, such as refrigeration or exposure to light.
  - NOTE: Any other types of containers such as zip-lock bags, other bottles, bottles printed with someone else’s name, or any other type of container besides the original will not be accepted.
- Check that the number/amount of prescription medication in each bottle is sufficient for the entire event. **Do not send more than is needed.**
  - Tip: Consider requesting an empty pill bottle from your pharmacy with a label for storage of the remaining prescription that will be kept at home.
- For each participant, place all prescription medications in their original containers into a clear ziplock bag so all medications for that individual are together.
  - Write the name and county/tribal community of the 4-H member on the bag.

Complete the Authorization for Giving Medication - Minnesota 4-H Youth Development Form

- Complete the authorization form for each child requiring medication during the 4-H program.
- List all prescription medications that will be brought to the 4-H program.
  - Include prescription quick-relief medications for potentially life-threatening conditions (e.g. asthma inhaler, bee sting kit, insulin pens). Youth may keep these in their possession. These medications will not be collected but they should be listed so the nurse or designated individual is aware and able to respond in an emergency.
  - Do not include required topical medications or non-prescription, over the counter (OTC) medicines which may be brought to the program for use as needed.
- Sign the Authorization for Giving Medication - Minnesota 4-H Youth Development form.

Transfer Medications

- Parents/guardians of 4-H members will need to transfer the prescription medications to a nurse, Extension employee or designated MN 4-H Volunteer at either a county/tribal drop location (e.g. county/tribal office; bus) or at the site of the 4-H program.
● Bring the Authorization for Giving Medication - Minnesota 4-H Youth Development form (1/child) and each of the prescriptions to the site and stay with the county/tribal designee or nurse through the transfer process.
  o The form will be reviewed for accuracy and completeness and medications counted during the transfer.
● The 4-H Program Coordinator in the county/tribal location will provide direction on when and where the transfer of medication will occur.
  o **NOTE:** Medications must be transferred from one adult to another adult, they CANNOT be transferred from a youth to an adult.
● Medications will be accepted, recorded, stored and distributed through the nurse, Extension employee or designated MN 4-H Volunteer as follows:
  o **State Fair**
    • Livestock Encampment - medication station, located close to the 4-H office in the cattle barn between 7 am and 9 pm.
    • General Encampments - nurse’s office in the 4-H Building, 3rd floor dormitories.
    • State Ambassadors, Arts-In participants, and employees - nurse’s office in the 4-H Building, 3rd floor dormitories.
  o **All other 4-H programs (state, regional, local)**
    • Medications will be accepted and distributed at the site of the 4-H program by the designated individual or nurse. This includes BLU, YELLO, State Arts-In Rehearsal week, camps, daytime program where parent/guardian is not present or overnight 4-H program.

Administer Medications
● The nurse, Extension employee or MN 4-H Volunteer designated to manage medications will ensure they are tracked and administered based on the instructions on the container and the authorization form.
  o If a participant misses a dosage, a reasonable attempt will be made to find the youth on site or reach them by their cell phone, so the medication can be administered.

At the End of the Program or After the Program Ends
● All prescription medications remaining after the end of the 4-H program must be documented on the Authorization for Giving Medication – MN 4-H Youth Development Program.
● Unused prescription medications may be picked up before the program ends by the parent/guardian.
● Any unused prescription medications that are not picked up will be disposed of appropriately by the nurse or designated Extension employee.

Thank you! We appreciate your assistance in ensuring that all 4-H youth have a safe, educational and fun experience during all 4-H program events, activities and gatherings.

Updated 5/1/2019