

# Rapid City Club for Boys, Inc.:

## Medication Policy

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Effective 7/27/07

The Rapid City Club for Boys, Inc. recognizes that some members require medication for chronic or short-term illness or health conditions. This medication enables members to remain at and participate in Club programming. The Club for Boys believes that medication should be given outside of Club hours whenever possible. However, when the Club for Boys finds that necessity exists, it will provide administration of medicine if the parent/legal guardian provides written permission on forms provided by the Club for Boys. No member shall be permitted to possess any prescription medication while at the Club for Boys except as provided by this policy.

### **Roles and Responsibilities**

1. The Executive Director is responsible to assure that the medication policy is followed.
2. Staff with medication administration authority will be trained and supervised in proper medication administration.
3. Staff will utilize and apply the "Six Right's" when giving medication:
  - a. The right boy;
  - b. The right medication;
  - c. The right dose;
  - d. The right time;
  - e. The right route; and
  - f. The right documentation. If any question exists, staff shall contact the pharmacist who dispensed the medication for clarification.
4. The Club for Boys will give no medication without proper pharmacy labeling and direction.
5. The member is responsible for presenting to the office and requesting medication.
6. The Club for Boys will provide locked storage for any medication.
7. If medications are required for activity outside the Club, special provisions must be made with the Executive Director or designee for those medications.
8. Any suspected diversion or tampering with medications will be immediately reported to the police.

**Rapid City Club for Boys, Inc.**

# Medication Consent Form

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I authorize the Rapid City Club for Boys, Inc. to administer (prescription name and number)

\_\_\_\_\_ to my child \_\_\_\_\_, card number

\_\_\_\_\_, at the times indicated below:

1. \_\_\_\_\_ Routine medications as directed on the prescription container.
2. \_\_\_\_\_ As necessary to control asthma, wheezing, or any other allergic symptoms for which medication was specifically prescribed.
3. \_\_\_\_\_ Short-term medication prescribed by a physician or licensed provider.

I relieve the Rapid City Club for Boys, Inc. from any claim or liability that may arise from administration of medications when provided pursuant to the container label.

Prescription medication shall be provided in a pharmacy-labeled container showing the name of the pharmacy, the member's name, physician's name, dosage and timing of the medications to be taken.

It is the responsibility of the member to request his medication from the office. This authorization will terminate fully and completely on (date) \_\_\_\_\_.

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Parent or Guardian

## Medical Administration Record

Prescription #	Date and Time Administered	Staff Who Administered

(Continued on back)

