



## Goochland County Parks & Recreation

Dear Parent/Guardian,

If it is necessary for a participant 17 years old or younger to have medication(s) available to them during any Goochland County Parks and Recreation program, the medication policy below must be followed. In addition, the attached medication consent forms must be completed and signed by you, the parent or guardian, as well as the treating physician. Medication consent forms must be returned prior to the start of the program or, if the need for the medication occurs while a participant is already engaged in a program, prior to the medication being brought to the Parks and Rec program or site. Medication consent forms are good for 6 months; if your child already has a current medication form on file with us, please let us know that you will be bringing medication for him or her for another program. Please return completed forms to the Parks & Recreation Department, attention: Parks & Recreation Manager.

### **Medication Policy:**

All medications **MUST** be in the original container. All medication containers must have a prescription label with the participant's name, dosage, frequency, physician's name and prescription number. For inhalers and/or epi-pens, please have the label on the device itself, not the box. This is for the safety of the participant should their medication become separated from box. With the exception of medications that inherently contain multiple doses, such as inhalers, medication containers should only contain the dosage needed during program hours for one week. Parents are to hand medication directly to Parks & Recreation administrative office staff at the start of the week and must pick up empty container or remaining medication from the office at the conclusion of the week. At all times, non-emergency medications will be locked up and emergency medications will be secure with a staff member on site.

Thank you,

Jessica Kronberg  
Parks & Recreation Manager

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PO Box 910  
Goochland, VA 23063  
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## Goochland County Parks & Recreation Medication Form

Participant Name: \_\_\_\_\_

Program Attending: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

(cell): \_\_\_\_\_

Address: \_\_\_\_\_

Alternate contact parent/guardian if needed (contact name & phone):

\_\_\_\_\_

Physician Authorization (*To be completed by Physician*)

I approve use of the following medication for the participant listed above.

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

Reason for medication: \_\_\_\_\_

Signs/symptoms or time of day to administer medication:

\_\_\_\_\_

Medication Instructions/Notes (*Attach additional information if necessary*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Office location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*By signing below I understand a Goochland County Parks & Recreation Department staff member will administer the above medications as directed by physician above.*

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Authorization: \_\_\_\_\_