SOLANA BEACH JUNIOR LIFEGUARDS
PARTICIPANT MEDICATION POLICY

GUIDELINES

The Solana Beach Junior Lifeguards Program established a Participant Medication Policy for parents/guardians, participants and staff to follow when a participant needs to take medication during the Solana Beach Junior Lifeguards Program.

The policy guidelines listed below are for participants that are able to administer their own medication. If you believe your child qualifies, please submit a note from your child's doctor stating the nature and treatment associated with their condition.

- The following are guidelines of the Participant Medication Policy. The policy is based on the state guidelines. All medications that will be taken during the program must be listed on the participant's form and must be accompanied by a Participant Health Form.

- The medication bottle provided by the parents must have the original prescription label complete with the participant's name, doctor's instructions and dosage.

- Over the counter medications will be allowed provided they are in their original bottle, and accompanied by a doctor's note prescribing their use. If it is necessary for the child to carry the medication at all times, the doctor needs to specify this on the form.

- A suitable measuring device should be sent along with the medicine if measuring is necessary.

STORAGE

- All medications will be locked up in a location determined by the site supervisor.

ADMINISTERING MEDICATIONS

- Staff will not administer any medication. Either the participant, the parent/guardian or a care giver designated by the parent/guardian will be responsible for administering the medications at the appropriate times.

- Staff will make every effort to remind participants of scheduled medication times.

PARTICIPANT MEDICATION POLICY: PARTICIPANT HEALTH FORM

PART I: TO BE COMPLETED BY LICENSED PHYSICIAN

_____
Participant's Last Name Participant's First Name

_____ _____ _____
Gender Date of Birth Program

Diagnosis/purpose of medication(s):
_____

_____

Name of medication(s):
_____

Dosage prescribed:
_____

Length of time medication will be necessary:
_____

Possible side effects:
_____

Action to be taken in case of side effects:
_____

Special instructions:
_____

_____

I verify that this participant is under my care and requires this medication.

_____ _____
Physician's Printed Name Physician's Signature

_____ _____
Date Phone Number

_____
Street Address City State Zip Code

PART II: TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child, _____, be given access to his/her medication at the requested time. I understand that Junior Lifeguard Staff will not administer any medication. My child, a parent/guardian or a care giver designated by us will be responsible for administering the medications at the appropriate times. If this request is granted, I agree to hold the Solana Beach Marine Safety Department, the City of Solana Beach and their respective officers, employees, agents or volunteers harmless in providing this service to my child.

I, we, _____, hereby agree to the above-mentioned statements.

_____
Parent/Guardian Name:

_____ _____
Parent/Guardian Signature Date

_____
Parent/Guardian Name:

_____ _____
Parent/Guardian Signature Date