



# Out & About

THERAPEUTIC RECREATION SERVICES



## MEDICATION ADMINISTRATION

Out & About requires written consent anytime a participant in Out & About services takes ANY medication (prescription or non-prescription), whether it is self-administered or administered by a trained Out & About Recreation Instructor.

Please note that the following requirements must be met before any employee of Out & About can administer medication:

- The Medication Release Form below must be read, signed, and dated by a parent/provider or by the participant, if participant is own guardian.
- Medication must be in the original labeled container, and container label must list the proper dosage of the medicine.

For more information regarding medication administration, including documentation, medication errors, and 5 rights of medication administration, please refer to the Out & About Adult Services Handbook.

### MEDICATION PERMISSION FORM

Participant Name:

Does the participant take any medication, prescription or non-prescription? yes no  
(if no, you do not need to complete the rest of this form)

**Does the participant:**

Administer own medication  Require Recreation Instructors to administer

A protocol is required for participants with a g-tube, tracheotomy, and who have seizures. **Does participant have:**  G-tube  Tracheotomy  Seizures  
If so, please attach a signed protocol.

Medication #1  
Dosage  
Time given

Medication #2  
Dosage  
Time given

By signing below, I (parent, provider, or participant, if participant is own guardian) give my permission for (mark one):

- Out & About to administer the medication(s) listed above
- the participant to administer the medication(s) listed above to him or herself while participating in Out & About services.

Print Name

Date

Signature

(electronic signatures are legally binding)