

## R.A.D.D. LLC Recreational Activities for the Developmentally Disabled

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## ➤ Medical Administration Form

Participant:				Date:		
RADD Medication Administr	ration Policies a	and P	rocedures			
<ol> <li>Prescription and over-the-coun written consent of the parent/gu</li> <li>This consent form must be rene</li> <li>The parent/guardian must bring medication can travel with the carrangements must be made w</li> <li>All medications must come in the er medication. Baggies or any c</li> <li>Please supply enough medicate the day of departure, or will be</li> <li>Prescription Medications: Lal space is needed. Please write of</li> </ol>	iter medication can uardian through you ewed each year, or g both prescription client. Please do not ith the Executive Date original pharmation to cover the lendard available for pick units all medications.	only bur sign updat and over tleave Oirector cy con iner wi ngth of up at the	be administered by the Palature on this form. Ited in the event of any mover-the-counter medication in lugger. It tainer, or manufacturer of linot be accepted. It he program or event. Under office for a one week to administered during program.	edication changes. on to the program site. age or backpacks. Any container if it is an over nused medication will ime period.	No other -the-co	ount- urned
MEDICATION NAME	DOSAGE		TIME(S)	PURPOSE		
<b>Over the Counter (OTC) Medication:</b> Check all that may need to be administered during program hours. All over-the-counter medication must be supplied by parent/guardian and labeled with client name and frequency of administration.						
OTC MEDICATION	YES	NO	OTC MED	ICATION	YES	NO
Sunscreen			Antacid			
Bug Spray			Sleep Aid			
Pain Reliever			Vitamin(s)			
Other:			Other:			
Method of Administration: If medication is taken with something other than water, parent/guardian must supply. □ Crushed □ Whole □ G-Tube □ w/Water □ w/Applesauce □ w/Pudding  I, the parent/guardian of the above named client, give permission for the medications listed above to be given at program events. I will notify the R.A.D.D. LLC in writing if there are any changes or cancellations of medication. I will comply with all R.A.D.D. LLC policies and procedures regarding medication administration.						
Participant/Guardian Signature: 🗡		Date:				

By signing/typing your name electronically on the signature line, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form. You also acknowledge that R.A.D.D. LLC is not legally respon-sible for data breaches incurred if you return this form through an insecure method (ie: email or online contact form).