

AUTHORIZATION FOR ADMINISTERING MEDICATION: MI 4-H YOUTH DEVELOPMENT PROGRAM

4-H Program Event: _____ Dates: _____

County Community: _____

Youth Participant's Name: _____ Cell Phone Number: _____

Parent/Legal Guardian Name(s): _____

Parent/Legal Guardian Phone Number (home) __ (work) _____ (cell) _____

Medication Policy: Attached

Medication(s)

Directions: Parent/Legal guardian - List all medications brought to the Michigan State University ("MSU") Extension 4-H program using one column for each medication. List the corresponding information below the name of the medication.

	Medication Name			
	1.	2.	3.	4.
Medication dosage				
Dates to be given				
Time(s) to be given				
The doctor who prescribed the medication				
Prescribing doctor's phone number				
Additional information or administration instructions (e.g., prescription requires refrigeration)				

Over-the-Counter Medications:

Please select any of the following over-the-counter medications that MSU staff or volunteers may provide to your child while at the 4-H event.

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Ibuprofen (Motrin)	<input type="checkbox"/> Imodium	<input type="checkbox"/> Antihistamine (Benadryl)	<input type="checkbox"/> Bactine
<input type="checkbox"/> Caladryl Lotion	<input type="checkbox"/> Hydrocortisone Ointment	<input type="checkbox"/> Triple Antibiotic Ointment (Neosporin)	<input type="checkbox"/> Dramamine	

Are there any additional instructions regarding providing any of the approved medications, including over-the-counter medications?

Parent/Guardian Signature Required

I have read and understand the attached Medication Administration Policy and Procedures for MSU Extension 4-H Programs. I request that my minor child, the above-named youth participant, be provided the medication listed above by an adult MSU Extension staff member or volunteer according to the instructions. I understand that a record of administered medications will be maintained. The youth participant has not previously experienced side effects from the medication(s). I further agree that an MSU Extension adult staff member or volunteer may contact the doctor/prescriber as needed.

Parent/Guardian Signature _____ **Date** _____

Medication Policy

Prescription and over-the-counter (“OTC”) medication can be dangerous if administered inappropriately. To help keep youth participants safe, medications will be administered according to the policy and procedures described in *Medication Policy and Procedures for MSU Extension 4-H Programs*, which is attached.

- ✓ Refer to the policy for the procedures on how to prepare, package, and transfer medications.
- ✓ This authorization form must be completed and turned in with medication.

There are no exceptions to this policy.

Office Use Only

	The columns below are to be completed by the MSU Extension staff member or volunteer appointed to accept and administer medications			
	1.	2.	3.	4.
Is this a quick relief medication for a life-threatening condition that the youth (12 years & older) will self-carry? (YES or NO)				
Pill/Ounces count when brought to the 4-H program				
Number of pills/Ounces of medication remaining at end of 4-H program (Goal is 0)				

	The columns below are to be completed by the MSU Extension staff member or volunteer transporting the medication(s)		
	Name	Date	Time
Adult accepting medication in county office from the parent/legal guardian (Only necessary if medication is accepted by the county office and stored in advance of the travel to the 4-H program)			
Adult accepting medication and transporting to the 4-H program (Only necessary if 4-H member is riding in group transportation to the event)			
MSU Extension staff member or volunteer accepting medication at the 4-H program			
Adult collecting medication at the end of 4-H program to transport it back to the county office			
Parent/guardian accepting medication after the 4-H program			

Medication Administration Policy and Procedures for MSU Extension 4-H Programs

I. Policy

The health and safety of MSU Extension program participants is of primary concern. Prescription and over-the-counter (“OTC”) medication can be dangerous if administered inappropriately. The Medication Administration Policy and Procedures are designed to help keep participants safe.

II. Scope

The policy applies to all youth participants age 19 or under who are attending MSU Extension 4-H programs (events, activities, and gatherings) where the youth participant:

1. Stays overnight in 4-H provided sleeping quarters; AND/OR
2. Requires medication at a daytime program where a parent/guardian is not present.

III. Medication Collection and Administration Procedures

A. Parent/Guardian Responsibilities for Providing Medication

Parents/guardians are required to:

1. Read and comply with this policy.

2. Prepare medications.

- Determine medications needed during the 4-H program and gather the medications in the amount needed for the duration of the activity or event.
- All medications must be in the original container (bottle, tube, box, etc.) with the printed label from the pharmacy on the bottle which must include:
 - The participant’s name.
 - Actual dosage
 - The dosage must be followed.
 - Storage instructions (i.e. refrigeration or exposure to light)
 - NOTE: Any other types of containers such as plastic bags, other bottles, bottles printed with someone else’s name, or any other type of container other than the original container will not be accepted.
- Check that the number/amount of medication in each bottle is sufficient for the entire event. Do not send more than is needed.
 - For each youth participant, place all medications in their original containers into a clear plastic storage bag so all medications for that youth participant are together in one bag.
 - Write the name and county of the youth participant on the bag.
- OTC medications must be provided in the original containers. Parents/guardians can grant permission for their child to take the OTC medications as needed.
- Some OTC medications will be available at the program site. Please select any of the OTC medications that MSU staff or volunteers may provide to the child at this 4-H program.

3. Complete the <https://www.canr.msu.edu/resources/michigan-4-h-medication-administration-policy-procedures-and-authorization-form> Form.

- Complete an authorization form for each youth participant requiring medication during the 4-H program. A separate form is required for each youth participant.
- List all medications that will be provided to MSU Extension.
 - Include prescription quick-relief medications for potentially life-threatening conditions (e.g., asthma inhaler, bee sting kit, insulin pens). Youth ages 12 and over may keep these in their possession. These medications will not be collected for youth ages 12 and over, but they should be listed so MSU Extension staff and volunteers are aware and able to respond in an emergency. Prescription quick-relief medications will be carried by an accompanying adult (MSU staff member or volunteer) for participants under the age of 12.

4. Provide/Transfer medications.

- Parents/guardians of youth participants will need to provide the medications to an MSU Extension staff member or volunteer at either a county drop location (e.g., county office; bus) or at the site of the 4-H

program. MSU Extension encourages the use of volunteer nurses whenever possible. The MSU Extension Staff or volunteer to administer medication must provide documentation of completing a first aid and anaphylaxis/epi-pen course.

- Bring the [Authorization for Administering Medication – Michigan 4-H Youth Development Program form](#) (one form per youth participant) and each of the medications to the site and stay until the transfer process is complete.
 - An Extension staff member or volunteer will review the form for accuracy and completeness and will count the medications during the transfer process.
- A local county 4-H Extension staff member will provide information about when and where the transfer of medication will occur.
 - **NOTE:** A parent/guardian must provide the medications to an MSU Extension staff member or volunteer. Youth participants CANNOT provide the medications.
- Medications will be accepted, recorded, stored, and distributed by MSU Extension staff members or volunteers.

B. Administration Procedures

1. Directions for Types of Medications

- Prescription Quick-Relief Medications: Participants 12 years of age and over who require prescription quick-relief medication for potentially life-threatening conditions (e.g., asthma inhaler, bee sting kit, insulin pens) may keep this medication in their possession and use it as needed. Participants younger than 12 years of age must have an accompanying adult (i.e. Extension staff or volunteer) carry these medications during the program. Parents/guardians are responsible for ensuring the health information in 4HOnline indicates the need for this medication and that the section approving self-administration of medication is checked.
 - Parents/guardians will complete the [Authorization for Administering Medication: Michigan 4-H Youth Development Program](#) form so the MSU Extension staff members or volunteers are aware of the participant's potentially life-threatening condition, in case of an emergency.
- All other prescription and over-the-counter (OTC) medications: MSU Extension staff or volunteers will collect, record, store, and administer all prescription and OTC medications, other than prescription quick-relief medications (as outlined above. Parents/guardians must grant permission for their child to take specified OTC medications as needed in order for MSU Extension staff or volunteers to administer medication.

2. Medication Administration

- MSU Extension staff or volunteers will administer medications based on the instructions on the container and the authorization form.
 - If a participant misses a dosage, a reasonable attempt will be made to find the youth on site or reach them by their cell phone so the medication can be administered.
- When a parent/guardian is present throughout the entire duration of an event (i.e. the parent/guardian is a volunteer with a child participant), the parent/guardian may maintain and administer medications directly and solely to their child. MSU Extension will not collect or administer medications in these cases.

3. Returning Medications (at the end of the program)

- All medications remaining after the end of the 4-H program must be documented on the [Authorization for Providing Medication – MI 4-H Youth Development Program](#) form.
- Parents/guardians must pick up unused medications and empty medication containers from MSU Extension program staff.
- Any unused medications that are not picked up within 5 days will be disposed of appropriately by MSU Extension staff members or volunteers.

(Note: For youth participants staying together at hotels or other overnight accommodations as part of a 4-H program, the procedures for managing medication outlined in this policy will be followed. These practices will be explained by the 4-H Extension staff.)

Thank you! We appreciate your assistance in ensuring that all 4-H youth have a safe, educational, and fun experience during all 4-H program events, activities, and gatherings.