

CITY OF MONTEREY RECREATION  
546 Dutra Street, Monterey, CA 93940 • (831) 646-3866

**Authorization for EMERGENCY Medication**  
**(Required for Asthma Inhalers and Epinephrine Injections Only)**

**I. Instructions**

- If possible, all medication should be taken by children or teens at home and not brought to recreation programs.
- Recreation staff will only administer or oversee the administration of asthma inhalers and epinephrine injections, with the parent's and physicians authorizations. Recreation staff are not health professionals; they are not trained observers and cannot observe for the development of symptoms before administering an epinephrine injection. Emergency Services will be called when a participant takes epinephrine, regardless of whether the participant exhibits any symptoms or anaphylaxis. Recreation staff may only administer premeasured doses of epinephrine. If the physician's order includes a repeat injection, the parent must supply two premeasured doses.
- Parent/guardians are expected to hand-deliver asthma inhalers/epinephrine to the Recreation personnel, unless the child or teen is authorized by the parent and physician to carry the medication. In this case, Recreation staff is to be notified.
- Monterey Recreation cannot guarantee refrigeration for medication at the program site.
- All asthma inhalers and epinephrine injections must be brought to the program in the original pharmaceutical container and labeled with the child or teen's name, medication dosage and schedule.
- Parents should not provide more medication than is necessary for the program session. If the parent does send more than the specific quantity and does not collect the unused medication within one week after the program has ended, the Recreation staff will destroy the unclaimed medication.
- A parent must submit a new authorization whenever there is a change in the dosage or a change in the conditions under which the child or teen is to take the injections or asthma inhalers.



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Authorization for EMERGENCY Medication for:

**II. Physician Authorization for EMERGENCY Medication**

**Authorization for EMERGENCY Medication**

Condition: \_\_\_\_\_

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

Dosage and schedule during program hours: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Duration of Order (*not to exceed current program*): \_\_\_\_\_

**Asthma Inhaler**

Asthma Inhaler      Name of asthma inhaler medication #1: \_\_\_\_\_

Instructions: \_\_\_\_\_

Asthma Inhaler      Name of asthma inhaler medication #2: \_\_\_\_\_

Instructions: \_\_\_\_\_

**Epinephrine Injection**

Give the injection indicated below immediately after report of exposure to: \_\_\_\_\_

Epi-pen/Mylan Authorized Generic Auto-Injector (*0.3 mg epinephrine*) or AUVI-q (*0.3 mg epinephrine*)

Epi-pen Jr./Mylan Authorized Generic Auto-Injector (*0.15 mg epinephrine*) or AUVI-q (*0.1mg or 0.15 mg epinephrine*)

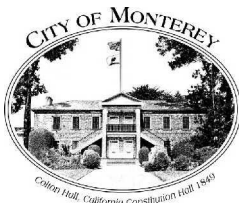
Repeat dose of epinephrine in 15 minutes, if Emergency Services has not arrived.

**Authorization for the Child or Teen to Carry and Self-Administer Medication**

The above named child or teen may carry this medication with him/her during recreation hours. He/she has received adequate information on how and when to use this medication and I believe he/she can safely carry and self-administer it.

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

Physician Printed Name: \_\_\_\_\_



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**III. Parent Authorization for EMERGENCY Medication**

Authorization for EMERGENCY Medication for:

\_\_\_\_\_ *(name of child or teen)*

Check each box that applies:

- I authorize my son/daughter/ward to take the medication as directed by his/her physician.
- I authorize my son/daughter/ward to carry and self-administer medication during program hours as directed by his/her physician.
- I authorize Monterey Recreation to administer asthma inhaler and/or epinephrine injections for my son/daughter/ward as directed by his/her physician which I will review with the Recreation staff.

I understand that I must collect any unused medication no later than one week after the program ends, or the Recreation staff will discard the medication. I have read the instructions on Page 1 that clarifies the medication storage and administration policies, and I assume the responsibilities indicated. In consideration of administering said medication, I agree to release, defend, indemnify and hold harmless the City of Monterey, its officers, agents and employees, from all liability that may result from this authorization and any injury or complication which may result from the administration of the medication.

Parent Name *(print)*: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. City of Monterey Recreation Authorized Personnel**

- I verify that Parts II and III of this document are properly completed, including the appropriate signatures. *(Note: The physician may complete his/her portion on a prescription pad or medical stationary.)*
- I verify that Monterey Recreation can accept the medication as specified by the physician in its original, properly labeled pharmaceutical container. *(i.e. with labeled measuring utensil for administering the medication if needed)*

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

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_