

Medication Plan and Administration Record (MPAR)

Location/dates of activity/event/camp: _____ Participant's name: _____

- The information on this form may be used by 4 Directions Coop. representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.
- PARENTS:** All medications should be placed in a resealable bag (e.g., Ziploc) with the participant's name on the outside of the bag. Medications must be in original packaging, clearly labelled with the participant's name and dosage instructions. Medications are to be self-administered by the participant except in cases where supervisors may need to assist younger participants or when an Epi- pen needs to be used. Medications are to be given to the first aider or designated Trip Leader upon arrival at the activity. The first aider or Trip Leader will supervise participants when they are taking their medication.

Medication Column – Write in all medications (including those taken only as needed, sometime noted on prescriptions as PRN), dosage & times when medications are to be self-administered. This includes all prescription or over-the-counter medications (oral or topical). To be completed by parent/guardian or 4 Directions Coop representative.

Date Box – Write in the date of each day of the activity/camp across the top. When medication is taken, supervisors put the actual time it was taken in the appropriate columns and their initials

Medication (name, dosage & instructions)	Scheduled times to be taken	Date:		Date:		Date:		Date:		Date:	
		Actual Time	Initials	Actual Time	Initials	Actual Time	Initials	Actual Time	Initials	Actual Time	Initials

Name of Trip Leader supervising medications: _____ Signature: _____

My child/ward is 12 years or older and has my permission to carry their own medications: _____ Signature: _____ Date: _____
Custodial Parent/Guardian name

About Medications

- All medication must be provided by participants.
- All medications should be placed in a resealable bag (e.g., Ziploc) with the participant's name on the outside of the bag.
- Medications must be in original packaging, clearly labelled with the participant's name and dosage instructions.
- Medications are to be given to the first aider or designated Trip Leader upon arrival at the activity.
- Medications are to be self-administered by the participant except in cases where supervisors may need to assist younger participants.

In the case of life-threatening conditions, supervisors are obligated to provide the participants they supervise the 'standard of care' of a careful or prudent parent/adult, and will need to administer an Epi-pen or assist with an inhaler if the girl is incapacitated.

NOTE TO TRIP LEADERS: Securely destroy this form at the end of the Calendar year or return to parent/guardian.

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.