



PA Masonic Youth Foundation Revised Participant Medication Schedule

This page must be completed ONLY if your child will be bringing medications to take during the event. Please read the entire PA Masonic Youth Foundation Medication Policy.

This form should be updated once a year unless medications change.

Participant: _____ Room Number: _____
Conference Staff Use

Event/Program: _____ Dates: _____

Medication Information and Schedule - For the safety and health of all our participants, PA Masonic Youth Foundation policy requires that all medication (prescription or over-the-counter) be kept in possession of adult leaders or program staff for the duration of the program. Medication will be dispensed to your child at your specified dosages and times.

The usual medication schedule for an event is (times are approximate):

Breakfast – between 7:30 and 8:30 AM

Lunch – between 12 Noon and 1 PM

Dinner – between 5:30 and 6:30 PM

Bedtime – between 10 PM and 12 Midnight

Please indicate below when your child's medication(s) should be taken. Specify if a medication is to be taken at an exact time, or if it is to be given at a time other than those listed above.

We need to know whether your child takes each medication as needed or on a routine schedule. If you check "as needed" for a given medication, we will only dispense the medication when your child asks for it. If you check "as scheduled" for a medication, we will remind your child each time a dose is scheduled. Please check only one of these columns for each medication.

Please complete the information below for each medication your child will be taking during the conference/event.

Medication	Dose	Special instructions/Times	As needed	As scheduled

All medications must be sent in the original container. We prefer you send only the number of pills needed for the week. If the instructions above differ from the label on the medication, please explain below. Your signature below authorizes us to dispense medication according to your written instructions on this form. Write additional instructions on the reverse side of this page.

Physician Certification – I certify that the medication listed above are to be take during this children's conference program and are medically necessary. This includes prescribed and over the counter medications.

Healthcare Provider Name Healthcare Provider Signature Phone Date

I have read the PA Masonic Youth Foundation Medications Policy. I hereby authorize the PA Masonic Youth Foundation adult leaders or program staff to dispense my child's medication according to the schedule above.

Parent/Guardian's Signature and Date: _____

PA Masonic Youth Foundation Medication Policy - Information for Conferees and Parents

For the safety and health of all our participants, all personal medications must be kept in the possession of designated adult leaders or program staff, and dispensed under their supervision. As a result, please be aware of the following policies. This policy applies to all participants under age 18. Upon request, we will also secure and dispense medications for participants over 18. If deemed necessary, we may also require adults to store medications in a secure area.

A parent or other adult will turn over medication to designated adults at the beginning of the program or event, and will receive it back from them at the program's end. Medications will not be turned over to minors unless a supervising adult is present.

All medications should be in original bottle or packaging. Please do not send loose or unidentified pills or pills in "daily dose" type sorters. We must be able to identify medication in order to dispense it. We prefer you send only enough medication for the duration of the event, but it is more important to have properly labeled containers than exact amounts.

Only emergency medications, such as a rescue inhaler or epi-pen, are exempt from this policy. No other medications, prescription or over-the-counter, are to be in participant's possession at any time.

Please be certain we know of any ***food or drug allergies*** your child has.

Medications, whether prescription or over-the-counter, ***will only be dispensed according to prescription/package label.*** If medication is to be dispensed contrary to the label on the prescription, a signed statement from the parent is required. A statement from the physician is preferred.

Medication List: Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), Naproxen sodium (Aleve), diphenhydramine antihistamine/allergy medicine (Benadryl), pseudoephedrine (Sudafed) laxatives for constipation (Milk of Magnesia/Mylanta), chloraseptic spray, calamine lotion, cough drops, antibiotic cream, aloe or burn gel, bismuth subsalicylate/loperamide for diarrhea (Pepto Bismol, Imodium), Antacids (Tums/Roloids), hydrocortisone cream. With your permission, we will administer the OTC medications listed above if needed.

Adult volunteers and event staff dispensing medication are usually ***volunteers*** (concerned parents and adults, just like you), and generally do not have advanced medical training. Please give ***complete and clear instructions*** for all medications, as your instructions will be followed exactly.

All medication will be kept under lock and key at all times. A designated adult leader or program staff member will distribute medications according to necessary dosage schedules. Generally, medications will be dispensed at mealtimes and before bed, unless otherwise directed.

If your minor child refuses a dose, we will call you for direction. We cannot force or coerce any participant to take medication. Please indicate whether your child's medications are to be taken on a routine schedule or only as needed/requested.

Over-the-counter medications will only be given to minor participants with express permission of a parent/guardian. You may approve use of certain over-the-counters before the program begins, or we will call you for permission as needed. Conferees over 18 may authorize their own over-the-counter medications.

Depending on the program location, ***medications requiring refrigeration*** can usually be accommodated. Please inform us if your child's medication needs to be refrigerated, and if it requires a specific temperature range.

If your child requires ***injection medications***, such as insulin or others, all needles and syringes, whether used or unused, must remain locked with medications. We cannot dispose of infectious sharps. You are responsible to provide your own sharps container (which we will keep locked for you) and to dispose of it at the end of the conference. Injection medications must be ***self-administered***—adult leaders and program staff ***may not administer injections*** of any kind.

Adult leaders and program staff cannot administer medications such as suppositories, or any other medication that would require compromising the privacy of a participant. In such cases, a staff member will dispense the appropriate dose, which the participant may then self-administer privately, without supervision.

Any exceptions to this policy must be approved by the Executive Director of the PA Masonic Youth Foundation or the Board of Directors. If you have need to ask for an exception, please do not hesitate to contact him, but understand also that some exceptions ***may not be granted.*** While we want your child to participate in our activities, we are not in the medical business, and may deny participation if we feel we cannot adequately provide for the health or safety of all of our participants.

If you have any questions or concerns about your child's medication during a Youth Foundation program, please ask an adult volunteer or program staff member for assistance. For general questions about this or other PA Masonic Youth Foundation policies, contact us at:

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