



Equestrian Center Participant  
Physician's Medication Order Form

**For Completion by parent/guardian:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

STAR Equestrian Center authorized staff: Tina Wallman, Austin Stoner

**To the Parent:** I hereby request that authorized staff at STAR Equestrian Center administer prescribed medication as directed by the physician (item II below). I have read the guidelines attached and assume the responsibilities as outlined.

Before STAR Equestrian Center, it's agents, volunteers or representatives can administer any medications to your child, you are required to sign this authorization form which signifies your request to have the medication administered as well as agreement to relieve STAR Equestrian Center, it's agents, volunteers or representatives of any responsibility from the administering of said prescribed medication as set forth herein.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**For completion by authorized prescriber (for medication given during summer program hours)**

Drug(s)	Dosage (in mgs.)	Time to be given

The medication is to be administered only until – date: \_\_\_\_\_.

Route of administration: \_\_\_\_\_ ( If administered by EpiPen, Inhaler, Nebulizer etc. complete box below)

Possible side effects: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**NKDA:**  (No Known Drug Allergies)

**Allergic To:** \_\_\_\_\_

\_\_\_\_\_

Medication by EpiPen, Inhaler, Nebulizer, etc.

Type of device: \_\_\_\_\_

Specific directions for use: \_\_\_\_\_

Participant may carry inhaler if permitted by STAR policy \_\_\_yes\_\_\_no



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**Physician or Other Authorized Prescriber Signature Required:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Address /Phone Number



## Medication Guidelines For Participants /Volunteers

The following medication guidelines are used in Washington County Public Schools. STAR Equestrian Center is adopting these guidelines. These guidelines enable STAR Equestrian Center staff to provide the best possible service for your child.

1. Whenever possible, medications should be given at home.
2. The first dose of all new medications must be administered at home.
3. In order for medications to be given at STAR Equestrian Center, the medications must be accompanied by a properly completed Physician's Medication Order Form.
4. These guidelines are in place for both prescription and "over the counter" medications.
5. Medication must be in the original container from the pharmacy with the label intact or in the original "over the counter" container. It is also important to make sure the bottle has a current expiration date on it. Staff may not dispense outdated medications.
6. It is expected that all medications be delivered to the director/camp director by an adult (parent, guardian, caregiver) and not sent in with the underage participant or child. No medications will be sent home with the underage participant or child.
7. All medications are kept locked in the STAR Equestrian Center office.
8. Any person/participant requiring medication to be administered during riding or summer program hours at STAR Equestrian Center must have the medications(s) listed on their Participant Physician statement along with their diagnosis.

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