

CHILD, YOUTH & SCHOOL SERVICES EXCEPTION TO POLICY FOR ADMINISTERING MEDICATION

(For use see AR 608-10. Proponency is DFMWR.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3013; EO 9397 (SSN)

PURPOSE: To provide child care services.

ROUTINE USES: In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records or information contained in them may specifically be disclosed outside the DOD as a routine use pursuant to 5 USC 552a(b)(3) as follows: Information from this system may be disclosed to civilian health and welfare departments/agencies in emergency situations. The "blanket routine uses" set forth at the beginning of the Army's compilation of systems of records notices also apply.

DISCLOSURE: Voluntary, but if information is not provided, individuals may not be able to participate in Child, Youth, and School Service (CYSS)

INSTRUCTIONS FOR USE: If a parent brings in a medication not on the approved list, Child, Youth and School Services (CYSS) personnel must contact the CYSS Nurse or Army Public Health Nurse (APHN) to seek approval. The information on this form will be provided to the nurse. If approval can be made over the telephone, CYSS personnel will document any special instructions or side effects to watch for. Some medications will need to be approved by the Special Needs Accommodation Process Team (SNAP). Keep this form in the child's record and document on DA Form 5225-R as "exception to policy approved."

SECTION I - INDIVIDUAL

1. CHILD'S NAME:

2. DATE OF BIRTH:

3. ASK FOR SPONSOR'S AKO E-MAIL ADDRESS:

4. CYSS PROGRAM:

5. MEDICATION:

6. DOSE:

7. FREQUENCY:

8. HOW LONG (DAYS):

9. START DATE:

10. FINISH DATE:

 UNTIL NOTIFIED TO STOP

11. WHY WAS THE MEDICATION PRESCRIBED?

12. PHYSICIAN:

13. APPROVAL FOR THE EXCEPTION TO POLICY GRANTED: YES _____
 NO 13a. APHN NAME: _____

13b. DATE: (YYYYMMDD)

13c. APHN SIGNATURE: _____

If no to question 13, further evaluations are required by a nurse or by the SNAP team. If yes, complete Section II below.

SECTION II - MEDICATION

14. MEDICATION MAY BE ADMINISTERED AS PRESCRIBED BY THE PHYSICIAN FOR: _____ (LENGTH OF APPROVAL)

15. COMPLETE DA FORM 5225-R: YES NO

16. SPECIAL INSTRUCTIONS:

17. SIDE EFFECTS TO WATCH FOR INCLUDE:

A.
_____B.

C.

18. IF SIDE EFFECTS ARE SUSPECTED, THE SAME PROTOCOL AS FOR MEDICATION ON THE APPROVED MEDICATION LIST SHOULD BE FOLLOWED. MEDICATIONS WILL BE STOPPED, THE PARENT OR GUARDIAN WILL BE NOTIFIED, AND THE PHYSICIAN OR HEALTH CONSULTANT WILL BE NOTIFIED AS INDICATED BY THE CHILD'S CONDITION. FOR ANY LIFE-THREATENING CONDITION, THE CHILD WILL BE SENT BY AMBULANCE TO THE NEAREST APPROPRIATE EMERGENCY CARE SITE.

19. CYSS PERSONNEL WHO CONTACTED THE NURSE:

19a. NAME:

19b. DATE (YYYYMMDD)

19c. CYSS SIGNATURE: _____