



## NAVY CYP EMERGENCY ACTION PLAN

CHILD'S INFORMATION		
Child's Name	DOB	Place Child's Photo Here
Parent/Guardian Name	Home Phone	
Parent/Guardian Name	Cell Phone	
Emergency Phone Contact #1 Name	Contact #1 Phone	Contact #1 Additional Phone
Emergency Phone Contact #2 Name	Contact #2 Phone	Contact #2 Additional Phone

CHILD'S NEEDS (please describe)		
Allergies	Asthma	Other



## NAVY CYP EMERGENCY ACTION PLAN

DAILY MEDICATION PLAN		
Name	Amount	When to Use
Name	Amount	When to Use
Name	Amount	When to Use
Name	Amount	When to Use

CHILD AND YOUTH PROGRAM ENVIRONMENT (Environmental control measures, special precautions and/or dietary restrictions)

IRRITANTS (Check all that apply)									
Animals	<input type="checkbox"/>	Bee/insect sting	<input type="checkbox"/>	Chalk	<input type="checkbox"/>	Molds	<input type="checkbox"/>	List Other:	
Dust mites	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Strong odors	<input type="checkbox"/>		
Food	<input type="checkbox"/>	Respiratory infection	<input type="checkbox"/>	Latex	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Pollens	<input type="checkbox"/>	Change in temperature	<input type="checkbox"/>	Smoke	<input type="checkbox"/>				



## NAVY CYP EMERGENCY ACTION PLAN

### EMERGENCY ACTION PLAN

1. Emergency action is necessary when the child has any one of the following symptoms:

2. Action:

3. Action:

4. Contact Parent/Guardian:

5. **Call 9-1-1** if the child has any one of the following symptoms:

### SPECIAL INSTRUCTIONS

Please provide any additional instructions and/or guidance for CYP Professionals:

### PHYSICIAN INFORMATION

Physician Name (Printed/Stamped)

Contact Information

Physician Signature

Date Completed

Navy Child and Youth Programs  
**MEDICATION AUTHORIZATION FORM**

REQUIRING DIRECTIVE: OPNAVINST 1700.9

It is preferable that medication not be administered within the CYP. When possible, parents and physicians should adjust medication schedules so that the program staff are not responsible for administration. We recognize that this is not always possible and we will agree to administer any medication as follows:

- Written orders by a physician must be on file in order to administer any medication.
- Parent/legal guardian must sign the liability release.
- Child shall be monitored on the medication for 24 hours each time medication is prescribed before the program staff administers medication.
- Children who need medications administered for extended time periods, or that have special health concerns will be required to complete Identified Needs Intake Package and be reviewed by the Inclusion Action Team (IAT).

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED LEGIBLY BY A PHYSICIAN**

Name of child: \_\_\_\_\_

Name of medication to be administered by CYP staff: \_\_\_\_\_  
\_\_\_\_\_

Time of day and/or frequency medication is to be administered: \_\_\_\_\_  
\_\_\_\_\_

Duration of medication (dates): \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Can this medication schedule be adjusted so the medication is administered outside the CYP hours only?  Yes  No

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date of Order**

**PARENTAL CONSENT/WAIVER/RELEASE AND INDEMNIFICATION**

I hereby give consent for the CYP staff to administer medication to my child as directed above by the physician. I agree to indemnify and hold harmless Navy Child and Youth Programs, MWR, a non-appropriated fund instrumentality of the United States Navy, and any other instrumentality of the United States, and their officers, agents, and employees from any losses, expense, damage, claim, suit, or judgment arising out of or resulting from administration of medication to my child. As the parent/legal guardian, I agree to assume all risk associated with administration of medication including inadequacy or failure of staff and I also assure the said medication is safe for my child.

\_\_\_\_\_  
Parent Name (PRINT)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations: E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) authorization to administer medications to your child while receiving care at the program.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.