

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

CAMPER INFORMATION:

NAME OF CAMPER: _____ AGE _____

FOOD/DRUG ALLERGY: _____ DIAGNOSIS: _____

PARENT & DOCTOR INFORMATION:

PARENT/GUARDIAN NAME: _____ PRIMARY TELEPHONE: _____

SECONDARY TELEPHONE: _____

EMERGENCY TELEPHONE: _____

NAME OF LICENSED PRESCRIBER: _____ PHONE: _____

MEDICATION INFORMATION:

NAME OF MEDICATION: _____

PRESCRIPTION: _____

NON-PRESCRIPTION: _____

DATES MEDICATION TO BE GIVEN (e.g. "as needed," "Session 1," "July 5-7" etc.): _____

TIMES MEDICATION TO BE GIVEN: _____

DOSE GIVEN AT CAMP: _____

ROUTE OF ADMINISTRATION: _____

QUANTITY OF MEDICINE PER DOSE: _____

EXPIRATION DATE OF MEDICATION: _____

SPECIAL STORAGE REQUIREMENTS, IF ANY: _____

SPECIFIC DIRECTIONS (e.g. on an empty stomach, with water, etc.): _____

SPECIFIC PRECAUTIONS: _____

POSSIBLE SIDE EFFECTS: _____

OTHER MEDICATIONS (at parents' discretion): _____

LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR: _____

(OVER)

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cont. . .

I hereby authorize _____ to administer, to my child, _____
(Name of Camp) (Name of Child)
the medication(s) listed above, in accordance with 105 CMR 430. 160.

105 CMR 430. 160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the direction for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is a written permission from the parent/guardian.

105 CMR 430. 160(D)

When no longer needed, medication shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor- A person who is at least 18 years of age, specifically trained and certified in at least American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____