

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER- To be completed by a parent/guardian.

Child's Full Name: _____ Age: ____ Home Phone #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Other Emergency Contact Name: _____ Phone: _____

Food/Drug Allergies: _____

Diagnosis (at parents' discretion): _____

Name of Medication: _____

Dose Given at Camp: _____ **Method of Administration:** _____

Frequency: _____ **Date Ordered:** _____

Duration of Order: _____ Quantity Received: _____ Expiration date of Meds Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water):

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications child is taking (at parents' discretion): _____

I hereby authorize the Director of _____, to administer to my
(name of camp)

child, _____, the medication(s) listed above, in accordance with 105 CMR 430.160.
(child's name)

X _____
Parent or Guardian Signature Parent or Guardian Name Date

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 pharmacy'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.

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 written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications 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, specially trained and certified in at least current American 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.