

Authorization to Administer Medication To A Camper

(To Be Completed By Parent/Guardian)

Name of Camper: _____

Parent/Guardian Name: _____

Food/Drug Allergies: _____

Home Telephone: _____

Diagnosis (at parents discretion): _____

Cell Phone: _____

Name of Licensed Prescriber: _____

Work Phone: _____

Name of Medication: _____

Emergency Contact: _____

Frequency: _____

Emergency Contact Cell: _____

Dose Given at Camp: _____

Emergency Contact Home: _____

Route of Administration: _____

Emergency Contact Work: _____

Duration of Order: _____

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.

Quantity Received: _____

Expiration date of Medication: _____

Special Storage Requirements: _____

Specific Directions: _____

Specific Precautions: _____

Possible Side Effects/Adverse

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 medication administered at the camp. If the health supervisor is not a license health care professional authorized to administer prescription medications, the administration of medication 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.*

Reactions: _____

Other medications (at parents discretion): _____

Location where medication administration will occur: _____

105 CMR 430.160(D) When no longer needed, medications shall be returned to a parent of 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 Red Cross First Aid (or is equivalent) and CPR, has been trained in the administration of medication and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

I hereby authorize _____ to administer, to my child, _____ the medication (s) listed above, in accordance with 105 CMR 430.160.

Parent/Guardian Signature: _____ Date: _____