

Authorization to Administer Medication to a Camper

(To be completed by parent / guardian)

Please complete one form for **each** medicine that you are bringing to camp.

Name of Camper: _____	Age: _____	Parent / Guardian Name: _____
Food/Drug Allergies: _____	Home Telephone: _____	
Diagnosis (at parents discretion): _____	Business Telephone: _____	
Emergency Telephone: _____		
Name of Licensed Prescriber: _____		Business Telephone: _____
Emergency Telephone: _____		
Name of Medication: _____	Dose given at Camp: _____	Route of Administration: _____
Frequency: _____	Date Ordered: _____	Duration of Order: _____
Expiration date of medications received: _____		Quantity Received: _____
Special storage requirements: _____		
Specific Directions (e.g., on empty stomach / with water): _____		
Specific Precautions: _____		
Possible side effects/adverse reactions: _____		
Other medications (at parents discretion): _____		
Location where medication administration will occur: _____		

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

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 directions 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 written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent/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 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: _____