

Please send this form to our office in advance so that our nurse can review it before you arrive.

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(To be completed by parent/guardian and countersigned by the Health Care Consultant)**

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:.....
Quantity Received:.....
Expiration Date of Medications 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:

AUTHORIZATION SPECIFIC TO EPI-PENS AND FAST-ACTING INHALERS:

Epi-pens and fast-acting inhalers are held by our nurse, and travel with your child if he/she leaves the building on a field trip. at all times.
If you would like to make a different arrangement for the storage of your child's epi-pen/Inhaler, please contact our Health Supervisor (nurse).

I understand that my child's Epi-pen/Fast acting inhaler will be carried by the Health Supervisor/Nurse.
 I will discuss any concerns or arrangement changes with the camp Health Supervisor.

Signature of Parent/Guardian:Date:

Authorization to Prescribe Medication (2)

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

105 CMR 430i60(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. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration or 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, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medication,*

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 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:

Health Consultant Signature:

Date: