AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

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 to Administer Medication to a Camper (2)

I hereby authorize **Forest Camp at the Fells** (NAME OF CAMP) to administer, to my child, ___________________________(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 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 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 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: __________________