

# AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian and reviewed with the camp nurse)

2010

**Name of Camper:** \_\_\_\_\_

Age of Camper: \_\_\_\_\_ Sex of Camper: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Diagnosis (relevant to administration of medication) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

\_\_\_\_\_

**Prescription Medication (one per form). Please see other side for over the counter meds:**

Name of Medication: \_\_\_\_\_

Dose to be given at camp: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration of Medications Received: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

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

\_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications (to be sure no drug interactions): \_\_\_\_\_

I hereby authorize MEADOWBROOK DAY CAMP to administer, to my child, \_\_\_\_\_ the medication listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by (signature): \_\_\_\_\_

Date: \_\_\_\_\_

**OVER**

**Authorization to Prescribe Medication (side 2)**

**Over the counter medications:**

Check the med and sign below if you would like to give camp nurses/health supervisors permission to administer any of the below medications on an as needed basis at their discretion. The dosage will be according to guidelines listed on the container.

- Acetaminophen (Tylenol) for headaches, muscle aches, or fever
- Benadryl (only in case of hives/serious allergic reactions)
- Ibuprophen (Advil/Motrin) for i.e. headaches, muscle aches, fever, dental pain, menstrual cramps
- Other \_\_\_\_\_

I hereby authorize MEADOWBROOK DAY CAMP to administer the medications checked off above, to my child, \_\_\_\_\_ .

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following is excerpted from the Massachusetts Department of Public Health’s Regulations for Recreational Camps 105 CMR 430.160.**

105 CMR 430.160A

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 directions for use.

105 CMR.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 of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing the list of medications administered at the camp. 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.

105 CMR 430.159 C

The health supervisor shall be a Massachusetts licensed physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid. First aid training shall mean at least current certification in American Red Cross Standard First Aid, or its equivalent and CPR.

**Please photocopy if you need additional forms.**