

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

This only needs to be completed/submitted if the camper is taking regular prescribed medication

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____

Parent/Guardian Name: _____

Food/Drug Allergies: _____

Camper Diagnosis (at parents discretion): _____

Home Telephone: _____

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:

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

Parent/Guardian Signature: _____

Date: _____