

# **AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (pg.1 of 2)**

**To be completed and signed by parent/guardian. (Requires 2-3 signatures)**

Please indicate any medications to be administered to this camper while attending camp. Campers are NOT allowed to carry prescription or over-the-counter medications (with the exception of Epi-pens and inhalers- see below). Medications must be given to the camp Health Care Supervisor on the first day of camp. They must be in their original containers bearing their original labels.

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Food/Drug Allergies: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_

## **Prescription Medication**

- ☐ This camper WILL NOT take prescription medication while attending camp (Sign Below)
- ☐ This camper WILL take prescription medication while attending camp (Complete the following and sign below. Use additional pages as necessary. **Contact your pediatrician to obtain doctor's orders for each prescription medication. Doctor's orders MUST accompany each medication. Include allergy and asthma action plans.**)

### **Medication #1**

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

### **Medication #2**

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

I hereby authorize the camp Health Care Supervisor to administer the medication(s) listed above, to my child, (CAMPER'S NAME) \_\_\_\_\_, in accordance with 105 CMR 430.160.

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

### **Emergency medication (ASTHMA INHALER or EPI-PEN) to be carried and self- administered by camper**

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

I hereby authorize the carrying and self-administering, as medically necessary of the medication listed above by my child, (CAMPER'S NAME) \_\_\_\_\_. Furthermore, I confirm that my child has the knowledge and the skills to safely carry and self-administer the above-mentioned emergency medication in camp.

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

# **AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (pg.2)**

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

## **Over-the-Counter Medicines**

The following OTC medicines are kept on hand and used as needed according to package directions, as approved by the health care consultant to manage illness and injury. Please check approved medications.

- ☐ Acetaminophen (Tylenol or generic) **for pain or fever**
- ☐ Ibuprophen (Advil, Motrin or generic) **for pain, fever, or menstrual cramps**
- ☐ Diphenhydromine (Benadryl or generic) **for allergy symptoms or itching**
- ☐ Bacitricin Ointment **for cuts and scrapes**
- ☐ Anti-itch cream (Benadryl or generic) **for relief of itching**
- ☐ Hydrocortisone 1% cream **for relief of itching**
- ☐ Calcium carbonate (TUMS or generic) **for relief of indigestion**
- ☐ Sunscreen- Broad spectrum, minimum SPF15 **for prevention of sun burn/ skin damage**
- ☐ Insect Repellent- 10-30%DEET **for prevention of insect bites**
- ☐ Poison Ivy wash (Zanfel or similar) **to reduce risk of contact dermatitis**

Additional for overnights and wilderness session

- ☐ Miralax **for constipation**
- ☐ Pepto Bismol or Kaopectate **for nausea, heartburn, indigestion, upset stomach, and diarrhea**
- ☐ Dramamine **for travel sickness**
- ☐ Robitussin cough syrup
- ☐ Cloraseptic Throat Lozenges **for sore throat and mouth pain**
- ☐ Claritin **for allergy symptoms**

I hereby authorize the camp Health Supervisor to administer to my child, \_\_\_\_\_ ,  
the medication(s) listed above, in accordance with 105 CMR 430.160. (CAMPER'S NAME)

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

*Medication prescribed for campers will be administered ONLY if it is in the original container, there is written permission from the parent/guardian (a form will be provided), and the camp Health Care Consultant has approved in writing the administration of the medication. All prescription medication must be in its original container bearing the pharmacy label. All over-the-counter medication must be in its original container with its original label. When no longer needed, medications will be returned to the parents or destroyed. All medication prescribed for campers will be kept in a locked storage compartment and dispensed only by the health supervisor.*

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