

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 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)

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: _____
Diagnosis (at parent's discretion) _____

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: _____
Diagnosis (at parent's discretion) _____

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: _____

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: _____
Diagnosis (at parent's discretion) _____

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: _____

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Over-the-Counter Medicines

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

For Headache/ Minor Pain:

- ☐ Tylenol (acetaminophen)
- ☐ Advil (ibuprophen)

For Stomach/ Bowel Upset:

- ☐ TUMS
- ☐ Pepto Bismol
- ☐ Maalox
- ☐ Kaopectate
- ☐ Dramamine
- ☐ Colace

For Cold/Allergy Symptoms:

- ☐ Benadryl
- ☐ Sudafed
- ☐ Claritin (loratadine)
- ☐ Robitussin cough syrup
- ☐ Cloraseptic Throat Lozenges

For Minor Cuts/ Abrasions:

- ☐ Bacitricin Ointment

Other Topical Products:

- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Hydrocortisone Ointment
- ☐ Aloe Vera

For Poison Ivy:

- ☐ Technu Wash
- ☐ Calamine or Calagel Lotion

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.

River Camp is operated by Nashoba Paddler LLC
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