

# Authorization to Administer Medication to Minors at Camp

(To be completed by a parent/guardian.)

<b>Recreational Camp Information</b>		
Camp Name:	City/Town:	
<b>Child and Parent/Guardian Information</b>		
Child's Name:	Age:	
Diagnosis (at parent/guardian discretion):	Food/Drug Allergies:	
Parent/Guardian's Name:		
Home Phone:	Emergency Phone:	Business Phone:
<b>Licensed Prescriber Information</b>		
Name of Licensed Prescriber:		
Business Phone:	Emergency Phone:	
<b>Medication Information</b>		
Name of Medication:		
Dose Given at Camp:	Frequency:	
Route of Administration:	Quantity Provided to Camp:	
Expiration Date of Medication Received:	Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):		
Possible Side Effects/Adverse Reactions:		
<b>Additional -Medication Information (Add additional pages if more than 2 medications.)</b>		
Name of Medication:		
Dose Given at Camp:	Frequency:	
Route of Administration:	Quantity Provided to Camp:	
Expiration Date of Medication Received:	Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):		
Possible Side Effects/Adverse Reactions:		
<b>Additional Medication Information</b>		
Other Medications Taken at Home (at parent/guardian discretion):		
<b>Oral/Topical Medication Authorization:</b>		
I hereby authorize the health care consultant or properly trained health care supervisor to administer, to my child, the oral/topical medication(s) listed above, in accordance with M.G.L. c. 94C and 105 CMR 430.160. <b>Please complete page # 2 where applicable.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		

## Epinephrine Injection Authorization:

I hereby authorize my child to self-administer their prescribed epinephrine auto-injector, with approval of the health care consultant:

Yes  No  Not Applicable

I hereby authorize the designated healthcare supervisor who is a licensed healthcare professional authorized by their scope of practice to administer epinephrine auto-injectors, with approval of the health care consultant, to administer an epinephrine auto-injector to my child:

Yes  No  Not Applicable

I hereby authorize the designated healthcare supervisor who is NOT a licensed healthcare professional authorized by their scope of practice to administer epinephrine auto-injectors, but who is specifically trained in allergy awareness and epinephrine administration with approval of the health care consultant, to administer an epinephrine auto-injector to my child:

Yes  No  Not Applicable

## Inhaler Authorization:

I hereby authorize my child to self-administer their prescribed inhaler, with approval of the health care consultant:

Yes  No  Not Applicable

## Medication for Diabetes Care Authorization:

I hereby authorize my child to self-monitor and self-administer medication for diabetes care in the presence of the health care supervisor, and with approval of the health care consultant:

Yes  No  Not Applicable

I hereby authorize the designated healthcare supervisor who is a licensed healthcare professional authorized by their scope of practice to administer medications for diabetes care, with approval of the health care consultant, to administer diabetes medications to my child:

Yes  No  Not Applicable

## Parent/Guardian Authorization

I have read and understand the authorizations that I have provided above for medications that are administered to my child at camp. I acknowledge receipt of the regulation references below that licensed camps must follow when administering medications at camp.

Parent/Guardian Name:

Signature of Parent/Guardian:

Date: