Authorization to Administer Medication to Minors at Camp

(To be completed by a parent/guardian.)

Recreational Camp Information		
Camp Name:		City/Town:
Child and Parent/Guardian Information		
Child's Name:		Age:
Diagnosis (at parent/guardian discretion):		Food/Drug Allergies:
Parent/Guardian's Name:		
Home Phone:	Emergency Phone:	Business Phone:
Licensed Prescriber Information		
Name of Licensed Prescriber:		
Business Phone:		Emergency Phone:
Medication Information		
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:		
Additional -Medication Information (Add additional pages if more than 2 medications.)		
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:		
Additional Medication Information		
Other Medications Taken at Home (at parent/guardian discretion):		
Oral/Topical Medication Authorization:		
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. **Please complete page # 2 where applicable.**		
□ Yes □ No □ 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: