

## USGTC Authorization to Administer Medication to a Camper Form

In order to safely administer medications to your child, the following form must be completed and signed by **the prescribing practitioner and the parent** for each medication brought to camp. Bring this form to camp with medication, on the first day of camp. Call 888-345-8550 if you have any questions or need extra forms.

To be completed by Licensed Prescribing Practitioner, Parent/Guardian and countersigned by the Camp Health Care Consultant on the first day of camp.

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

Food/Drug Allergies: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_

This section needs to be filled in by the campers Physician and signed.

Name of Licensed Physician/Prescribing Practitioner (print): \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ \*Dose given at camp: \_\_\_\_\_ Route of Administration: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Date ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

\*\*Quantity of medication received: \_\_\_\_\_  
Expiration Date of Medication Received: \_\_\_\_\_ Special Storage Requirements: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water) \_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/ Adverse Reactions: \_\_\_\_\_

\*The dosage on the prescription bottle must be the same dosage as written here by prescribing physician.

\*\* Please only bring the amount of medication that may be needed for camp stay.

Licensed Physician's/ Prescribing Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Health Consultant will sign upon screening of medication on first day of camp)

## Authorization to Administer Medication (2)

I hereby authorize USGTC Summer Camp to administer, to my child, \_\_\_\_\_ the medication listed on  
(Name of Child)

This form, in accordance with the Massachusetts Public Health Regulation 105 CMR 430.160.

### 105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include directions for use.

### 105 CMR 430.160(C)

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration or medications shall be under the supervision of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is in the original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medication.

### 105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of a guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor- A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

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