

TFA/TA Camp

Authorization to Administer Medication to a Camper

(To be completed by parent/guardian)

Camper Name: _____

Food/Drug Allergies: _____

DOB: _____ Age: _____

Diagnosis: _____ (at parent's discretion)

Camper's other medical issues or meds: _____

Parent/Guardian: _____ Home Phone:(____)_____

Work Phone:(____)_____ Cell Phone:(____)_____

(Circle best phone number for emergency)

Licensed Prescriber*: _____ *(MD or Nurse Practitioner)

Office Phone:(____)_____

Medication: _____ Dose given at camp: _____ Frequency at camp: _____

Route: _____ Date ordered: _____ Duration of order: _____

Quantity delivered: _____ Expiration date of meds: _____

Storage requirements (if other than room temp.): _____

Specific directions or precautions (e.g., on empty stomach / with food):

Possible side effects or adverse reactions:

I hereby authorize **TFA/TA Camp** to administer to my child the medication(s) listed above, in accordance with 105 CMR 430.160 (as outlined on the reverse side).

Parent/Guardian Signature: _____

Date: _____

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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 in 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 the 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. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D) When no longer needed, medications shall be returned to a parent or 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