Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	

Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:

Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	

Special Storage Requirements:
Special Directions (e.g., on empty stomach/with water):
Special Precautions:
Possible Side Effects/Adverse Reactions:
Other medications (at parent/guardian discretion):
Location where medication administration will occur:

Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at _____
(name of camp)
to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR
(name of camper)
430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer , with approval of the health care consultant ☐ Yes ☐ No ☐ Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer

☐ Yes ☐ No ☐ Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer , with approval of the health care consultant ☐ Yes ☐ No ☐ Not Applicable

Signature of Parent/Guardian:	Date:

** **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.