

The Barton Center for Diabetes Education, Inc.

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (OR UNDER-18 STAFF MEMBER)
(To be completed by parent/guardian)

Please complete a separate form for each medication to be administered to camper **including insulin**.

Date: _____ Name of Camper: _____ Age: _____

Food/Drug Allergies: _____

Diagnosis (at parent/guardian's discretion): _____

Parent/Guardian Name: _____ Home Telephone: _____

Business Telephone: _____ Emergency Telephone: _____

Name of Licensed Prescriber: _____

Business Telephone: _____ Emergency Telephone: _____

Name of Medication: _____ Dose to be given at camp: _____

Route of Administration: _____ Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____ Expiration date of Medication(s) Received: _____

Special Storage Requirements: _____ Specific Directions (e.g., on empty stomach/with water): _____ Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications being taken by camper (at parent/guardian's discretion): _____

Location where medication administration will occur: _____

I hereby authorize The Barton Center for Diabetes Education, Inc. to administer, to my child, _____ (Name of Child) the medication(s) listed above, in accordance with 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 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 of 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: _____