Barton Day Camp Session: ___Rainbow ___Worcester ___Danvers ___Long Island

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
THE BARTON CENTER FOR DIABETES EDUCATION, INC.

To be completed by Parent/Guardian:
Name of Camper: ________________________________ Date of Birth ____/_____/______ Age: _________
Parent/Guardian Name: ____
Home Tel.: ____________________Work Tel.: ________________________Cell: ______________________
Emergency Contact: ____ Tel.: ______________________

Name of Camp: The Barton Center for Diabetes Education, Inc. Date: _____________________________
Child's Name: ____
Address: _____________________________ City: ________________________ State: _____ Zip: _________
Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:
First Name: _______________________________ Last Name: _____________________________________
Relationship to Child: ☐ Mother ☐ Father ☐ Guardian/Other explain: ___________________
Name of Camp Personnel Receiving Written Authorization and Medication: ___________________________
Title/Position ____________________________ Signature (in ink): ____________________________________

This Section MUST be Completed by an Authorized/Licensed Provider:
Diabetes Medication:
Rapid-Acting Insulin (circle one): Humalog Novolog Apidra Fiasp Other:____________
☐Injection ☐Insulin Pump If, Insulin pump (brand) ________________________
List current ratios, factors and targets and/or check "see attached order" for insulin dosages to be given at camp:

	Breakfast	Snack	Lunch	Snack	Supper	Bedtime	Overnight
Carb Ratio							
Correction							
Target							

Long-acting Insulin (circle one): Basaglar Lantus Levemir Tresiba Tujeo Other:_________
Time Given: ___________AM/PM Dose:__________ units
Time Given: ___________AM/PM Dose: __________ units
See Attached Orders ☐

Other Medications to be given at camp:
Name of Medication: ____
Diagnosis: (at parent/guardian's discretion)____
Dose given at camp: _________________ Route of Administration: ___________________________________
Frequency: _______ Date Ordered: ________Duration of Order: ____________ Quantity Received: __________
Expiration date of Medications Received: ______________Special Storage Requirements: __________________
Specific Directions (e.g., on empty stomach/with water):________________________
Specific Precautions: ____
Possible Side Effects/Adverse Reactions: ____________________________________
Other medications (at parents' discretion): __________________________________
Location where medication administration will occur: ________________
Known Food/Drug Allergies: ___________________________________
Reactions: ____

********Authorized Provider's Signature Required**
Authorized Provider's Name: ____ Business Tele.: _______________
Authorized Provider's Address: ____
City: ________________________________ State: ________ Zip: __________ Emergency Telephone:_________________
Authorized Provider's Signature: ____

Parent/Guardian Authorization:
I hereby authorize The Barton Center for Diabetes Education, Inc. to administer to my child, ___________________________
the medication(s) listed above, in accordance with 105 CMR 430.160 (Name of Child)
If the 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 the above listed medication includes insulin:

□ I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant and supervision of health care supervisor. __Yes __No __Not applicable

Parent/Guardian Signature: ____ Date: ________________

<u>Connecticut and New York:</u>

In Connecticut and New York, licensed camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations and NY State Statutes and Regulations respectively. Parents/Guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be kept in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

<u>Massachusetts:</u>

<u>105 CMR 430.160(A)</u>

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. (M.G.L. c. 94C, §21).

<u>105 CMR 430.160(C)</u>

Medication shall only be administered by the health care 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 of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. 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.

<u>105 CMR 430.160(D)</u>

A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

(1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.

(2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.

(3) Document the circumstances in which a camper, heath care supervisor, or other employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:

- *(a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:*
  1. *the camper is capable of self-administration; and*
  2. *the health care consultant and camper's parent/guardian have given written approval*
- *(b) Receive an epinephrine auto-injection by someone other than the health care consultant or Person who may give injections within their scope of practice if:*
  1. *the health care consultant and camper's parent/guardian have given written approval; and*
  2. *the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.*

(4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.