

Barton Day Camp Session: ___ Danvers ___ Worcester ___ Rainbow Club ___ Long Island

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

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

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 Admelog 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 Toujeo 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 (Prescribed or over the counter): _____

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 M.G.L. c.94C, §7 (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 self-administer, with approval of the health care consultant and supervision of health care supervisor. Yes No Not applicable

Parent/Guardian Signature: _____ **Date:** _____

DANVERS AND WORCESTER DAY CAMP PARENTS/GUARDIANS: Please initial below where indicated.

Connecticut and New York:

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.

Massachusetts:

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. (M.G.L. c. 94C, § 21). **PLEASE INITIAL HERE: _____**

105 CMR 430.160(D)

For medical specialty camps:

(1) The administration of medication for diabetes care shall be conducted or be under the direct supervision of a health care provider listed in 105 CMR 430.159(E); and

(2) Medical specialty camps authorized to administer medications for diabetes care pursuant to M.G.L. c. 94C shall comply with all registration requirements set forth in 105 CMR 700.000: Implementation of M.G.L. c. 94C and maintain documentation of current registration for the duration of the camp season. **PLEASE INITIAL HERE: _____**

105 CMR 430.160(E)

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 who are:

- (a) Health care consultants or designated health care supervisors authorized by scope of practice to administer medications;*
- (b) Qualified health care supervisors who are properly trained and designated to administer oral or topical medications by the health care consultant;*
- (c) Authorized to administer epinephrine auto-injectors by the health care consultant; and*
- (d) Authorized to administer medications for diabetes care at a medical specialty camp pursuant to 105 CMR 430.159(F).*

(2) Require health care supervisors designated to administer prescription medications to be trained by the health care consultant to administer oral or topical medications in accordance with 105 CMR 430.160(I).

(3) Require individuals who are authorized to administer epinephrine auto-injectors under 105 CMR 430.160(F) to be specifically trained to administer epinephrine auto-injectors under the direction of the health care consultant in accordance with 105 CMR 430.160(I).

(4) Require individuals who are authorized to administer medications for diabetes care at a medical specialty camp under 105 CMR 430.159(F) to be specifically trained by the health care consultant to administer medications for diabetes care and shall only be administered under the direct supervision of a health care provider listed in 105 CMR 430.159(E). **PLEASE INITIAL HERE: _____**

105 CMR 430.160(G)

A camp may allow a camper or individual authorized under 105 CMR 430.159(F), to monitor blood sugar or administer medication for diabetes care, including insulin injections. If a diabetic camper requires their blood sugar be monitored, or requires medication for diabetes care, the camp may:

(1) Allow a camper, if capable, to self-monitor and/or self-administer provided that:

(a) Blood monitoring activities such as insulin pump calibration, etc. and self-administration must take place in the presence of the properly trained health care supervisor or individual authorized under 105 CMR 430.159(F) who may support the camper's process of self-administration; and

(b) The health care consultant and camper's parent/guardian have given written informed consent for the camper to self-administer and self-monitor.
(2) Allow an individual authorized under 105 CMR 430.159(F) to monitor a camper's blood sugar or administer medications for diabetes care if:

(a) the health care consultant and camper's parent/guardian have given written informed consent for an unlicensed individual authorized under 105 CMR 430.159(F) to monitor the camper's blood sugar and administer medications for diabetes care; and

(b) the unlicensed individual authorized under 105 CMR 430.159(F) has completed training by the health care consultant in accordance with 105 CMR 430.160(I) to administer medications for diabetes care and monitor blood sugar and are under the direct supervision of a health care provider listed in 105 CMR 430.159(E). **PLEASE INITIAL HERE: _____**