

**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 and glucagon.**

Camper and Parent/Guardian Information	
Camper's Name:	Age:
Food/Drug Allergies:	Diagnosis: (at parent/guardian's discretion)
Parent/Guardian's Name:	Home Phone:
Business Phone:	Emergency Telephone:
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Telephone:
Medication	
Name of Medication (PRESCRIBED OR OVER THE COUNTER):	Dose given at camp:
Route of Administration:	Frequency:
Date Ordered:	Duration of Order:
Quantity Received:	Expiration date of Medication Received:
Special Storage Requirements:	Specific Directions: (e.g., on empty stomach/with water)
Specific Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization	
I hereby authorize The Barton Center for Diabetes Education, Inc to administer, to my child, _____ the medication listed above, in accordance with M.G.L. c.94C, §7 [see below] (name of camper) <span style="float: right; color: red;"><b>Please initial page 2 where indicated.</b></span>	
<b>If the above listed medication includes epinephrine injection system:</b> I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant. I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>If the above listed medication includes insulin:</b> I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant and supervision of health care supervisor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Signature of Parent/Guardian:	Date:

## References

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: \_\_\_\_\_**

### Specialty Camp Medication Administration – Massachusetts

Notwithstanding any general or special law to the contrary, the department of public health, pursuant to its authority under subsection (g) of section 7 of chapter 94C of the General Laws, shall promulgate regulations to allow: (i) student nurses and recently graduated student nurses, as included in the definition of "nurse" in section 1 of said chapter 94C; (ii) medical specialty camp staff trained under the supervision of a practitioner as defined in section 1 of said chapter 94C; and (iii) certified diabetes care and education specialists in good standing with the Certification Board for Diabetes Education and Care, to administer medication to campers at medical specialty camps as defined in the state sanitary code. **PLEASE INITIAL HERE: \_\_\_\_\_**

105 CMR 430.160 (D): 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, health 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. **PLEASE INITIAL HERE: \_\_\_\_\_**