

## Authorization to Administer Medication to a Camper

**Both Sides To be completed by parent/guardian**

This form must accompany your child to camp the day of arrival.

Western Mass Scout Camps (Chesterfield Scout Reservation and Horace A. Moses Scout Reservation and Day Camps)

### Authorization to Administer Medication to a Camper (1)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_ Troop/Pack: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle:

My child takes medication(s) in the:    AM    PM    Both

<p><b>Name of Medication</b> _____</p> <p>Frequency: _____ Dose: _____ AM/PM</p> <p>Route of Administration: _____</p> <p>Quantity Received: _____</p> <p>Specific Directions (e.g., on empty stomach/with water): _____</p> <p>_____</p> <p>Specific Precautions: _____</p> <p>_____</p> <p>Special Storage Requirements: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p><b>Name of Medication</b> _____</p> <p>Frequency: _____ Dose: _____ AM/PM</p> <p>Route of Administration: _____</p> <p>Quantity Received: _____</p> <p>Specific Directions (e.g., on empty stomach/with water): _____</p> <p>_____</p> <p>Specific Precautions: _____</p> <p>_____</p> <p>Special Storage Requirements: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
<p><b>Name of Medication</b> _____</p> <p>Frequency: _____ Dose: _____ AM/PM</p> <p>Route of Administration: _____</p> <p>Quantity Received: _____</p> <p>Specific Directions (e.g., on empty stomach/with water): _____</p> <p>_____</p> <p>Specific Precautions: _____</p> <p>_____</p> <p>Special Storage Requirements: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p><b>Name of Medication</b> _____</p> <p>Frequency: _____ Dose: _____ AM/PM</p> <p>Route of Administration: _____</p> <p>Quantity Received: _____</p> <p>Specific Directions (e.g., on empty stomach/with water): _____</p> <p>_____</p> <p>Specific Precautions: _____</p> <p>_____</p> <p>Special Storage Requirements: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

**Please note:** We strongly recommend you send your child with **the exact amount of doses for his stay, plus three extras** in the original prescription containers.

Western Mass Scout Camps

**Authorization to Administer Medication to a Camper**

I hereby authorize Western Mass Scout Camps (Chesterfield Scout Reservation or Horace A. Moses Scout Reservation or Day Camps) to administer, to my child \_\_\_\_\_, the medication(s) listed on the reverse side, 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 Officer 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 Officer 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/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_