

Summer Arts at CSW 2017

Authorization to Administer Medication to a Camper: Prescription Medication

Parents/guardians: Please complete this form if your child may need prescription medication of any kind (including EpiPens or inhalers) during the camp day (9AM to 4PM). Campers with EpiPen prescriptions or inhaler prescriptions require additional physician signed documentation- please contact the camp nurse for details. Prescription medication must be delivered to the camp health office by a parent/guardian and be in its original bottle/packaging with current/accurate prescription label. Please count and include ONLY the number of medication doses needed for the duration of camp and fill in number on signature line. One form per medication please.

Name of Camper: _____ Age: _____ Gender: M F Current weight: _____

Reason for medication/diagnosis (at parent's discretion): _____

Allergies (medication, food, environmental): _____

Parent/Guardian Name/relationship to child: _____

Contact information: home phone # _____ cell/secondary contact # _____

Name of medication: _____ Dose: _____

Frequency/time to be administered: _____ Route of administration: _____ Expiration: _____

Special instructions/special storage requirements: _____

When was your child first prescribed this medication? Any recent changes in dosage? _____

Possible side-effects: _____

Has your child experienced any side-effects? _____

Does your child take other medication on a regular basis? (prescription or non-prescription) _____

Location where medication administration will occur: _____ health office _____ self-carry/other (any medication taken outside health office must meet specific criteria and requires additional physician permission—contact nurse for instructions)

I hereby authorize Summer Arts at CSW to administer to my child, _____ the medication listed, 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/capsules, the number in the container. All over-the-counter medications shall be kept in the original containers with the original label, including directions for use.

105 CMR 430.160(B)

Medication shall only be administered by the health 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. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication. We will not give medication for the first time.

105 CMR 430.160(C)

When no longer needed, medications shall be returned to a parent or guardian.

*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 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 _____ # of doses _____ Date _____

Received by (signature) _____ # of doses _____ Date _____

Chris D'Angelo RN, BSN, MSN

You may bring this form to the health office along with medication on camper's first day OR fax/mail the form to the Summer Arts Office.