

# Summer Arts at CSW 2017

## Authorization to Administer Medication to a Camper: Non-Prescription Medication

Parents/guardians: Please complete this form if your child may need non-prescription medication during the camp day not kept in our health office (ANYTHING OTHER THAN: Tylenol, Ibuprofen, Benadryl, Caladryl lotion). Non-prescription medication must be delivered to the camp health office by a parent/guardian and be in its original packaging (including box if possible) and clearly labeled with camper's full name. Please bring full/unopened package if possible and check that expiration dates extend past the camp session. 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 (e.g., on an empty stomach/with water): \_\_\_\_\_

When was the last time your child has taken/used this medication? Please describe circumstances \_\_\_\_\_

Has your child experienced any side-effects to this medication? \_\_\_\_\_

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

Location where medication administration will occur: \_\_\_ health office \_\_\_ 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** \_\_\_\_\_ **Date** \_\_\_\_\_

Received by (signature) \_\_\_\_\_ 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.

Summer Arts at The Cambridge School of Weston  
45 Georgian Road  
Weston, MA 02493

tel: 781 - 642 - 8617  
fax: 781-398-8355  
http://[summerarts.csw.org](http://summerarts.csw.org)

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