

SUMMER CAMPS
DEXTER SCHOOL – SOUTHFIELD SCHOOL
20 NEWTON STREET
BROOKLINE, MASSACHUSETTS 02445-7498
Phone: (617) 522-5544
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AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by a parent/guardian)

PLEASE NOTE THE FOLLOWING:

- This form is **MANDATORY** if any type of medication needs to be administered to your child during his/her time at our summer programs.
- If your child requires more than one medication, it is necessary that each administered medication is noted on separate forms. This form may be photocopied for additional medications.

Name of Camper: _____ Age: _____

Parent/Guardian Name: _____

Food/Drug Allergies: _____

Home Telephone: _____

Diagnosis (at parent's discretion): _____

Business Telephone: _____

Name of Licensed Prescriber: _____

Emergency Telephone: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____ 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 parent's discretion) _____

Location where medication administration will occur: _____

According to DPH policy and for the safety of all our campers, it is very important that ALL medication be delivered to the Dexter Summer Camps IN THE ORIGINAL CONTAINER by a parent/guardian or otherwise designated adult. A child requiring medication may give the medication to his/her bus driver.

PLEASE SEE REVERSE SIDE

Authorization to Administer Medication to a Camper (2)

I hereby authorize _____ to administer, to my child, _____ the medication(s) listed on
the reverse, in accordance with 105 CMR 430.160.
(NAME OF CAMP) (NAME OF CHILD)

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 supervisor 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 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 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 or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*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 (or its equivalent) 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: _____