



# MEDICATION ADMINISTRATION AUTHORIZATION FORM

For administration of medication by camp personnel

Name of Camper \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_

Age (as of January 1, 2019) \_\_\_\_\_

Please list any **food/drug allergies**:

Condition for which drug is being administered:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Primary Phone \_\_\_\_\_

\_\_\_\_\_

Secondary Phone \_\_\_\_\_

Name/Title of Licensed Prescriber \_\_\_\_\_

Business Phone \_\_\_\_\_

\_\_\_\_\_

Emergency Phone \_\_\_\_\_

Medication Name \_\_\_\_\_

Controlled Drug?  Yes  No

Dosage \_\_\_\_\_

Method/Route \_\_\_\_\_

Frequency \_\_\_\_\_

Date Ordered \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duration of Order \_\_\_\_\_

Special storage requirements \_\_\_\_\_

Specific Directions (ie. on empty stomach, with water) \_\_\_\_\_

Specific Precautions \_\_\_\_\_

Relevant Side Effects/Adverse Reactions \_\_\_\_\_  None Expected

## Authorization to Administer Medication to a Camper

I hereby authorize EcoTarium School Vacation Camp to administer, to my child, \_\_\_\_\_

(NAME OF CHILD)

the medication listed above, in accordance with MA Department of Public Health Code 105 CMR 430.160.

Parent/guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### To be filled out by camp personnel

Medication in original container

Quantity received \_\_\_\_\_

Medication labeled with child's name & Rx info

Expiration date \_\_\_\_\_

Date on label & Rx is current

Name of camp personnel receiving medication and administration authorization \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_