



MEDICATION ADMINISTRATION AUTHORIZATION FORM

For administration of medication by camp personnel

Name of Camper _____

Gender _____

Date of Birth (MM/DD/YY) _____

Age (as of June 15, 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 Summer Discovery 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 _____