



Cedardale / Groveland Summer Day Camp

P.O. Box 16
20 Bare Hill Rd.
Groveland, MA. 01834

Medical Authorization Form

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER.

(To be completed by parent/guardian and signed on back)

If a camper requires the administration of medication while at camp, please print out, complete and return the medication authorization form below with a **photo ID** of your child for the health supervisor. Mail the completed form to:

Cedardale/Groveland Summer Day Camp
P.O. Box 16
Groveland, MA 01834

Camper

Name _____ Birthdate ____/____/____ Sex ____ Age ____

Food/Drug Allergies _____

Diagnosis (at parents discretion) _____

Parent / Guardian

Name _____

Home Phone _____ Work Phone _____ Emergency Phone _____

Prescriber

Name of Licensed Prescriber _____ Business Phone _____

Emergency Phone _____

Medication

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., with water, on empty stomach) _____

Specific Precautions _____

Possible Side Effects / Adverse Reactions _____

Other Medications (at parents discretion) _____

Location where medication administration will occur _____

I hereby authorize Cedardale/Groveland Summer Day Camp to administer to my child, _____
the medication(s) listed above, in accordance with MA. Law 105 CMR 430.160. Childs Name

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105 CMR 430.160: Storage and Administration of Medication

(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.

(B) All medication prescribed for campers shall be kept in a locked storage cabinet used exclusively for medication, which is kept locked except when opened to obtain medication. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored at temperatures of 38° to 42°F in a locked box, used exclusively for medications, and physically affixed to the refrigerator.

(C) 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. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. 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.

(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 as follows:

- (1) Destruction of prescription medication shall be accomplished by the health care consultant, witnessed by a second person and recorded in a log maintained by the camp for this purpose. Said log shall include the name of the camper, the name of the medication, the quantity of the medication destroyed, and the date and method of destruction. The health care consultant and the witness shall sign each entry in the medication destruction log.
- (2) The medication log shall be maintained for at least three years following the date of the last entry.

*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 _____ Date _____