

Town of Longmeadow  
Parks & Recreation Department  
735 Longmeadow Street  
Longmeadow, MA 01106

Authorization to Administer Medication to a Camper

To be completed by parent/guardian and countersigned by the Health Care Consultant:

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

Food/Drug Allergies \_\_\_\_\_

Diagnosis: (At parents discretion) \_\_\_\_\_

Name of Licensed Prescriber \_\_\_\_\_

Phone Number of Licensed Prescriber \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

Business Telephone \_\_\_\_\_ Emergency Number \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage given at camp \_\_\_\_\_

Route of Administration \_\_\_\_\_ Frequency \_\_\_\_\_

Quantity Received \_\_\_\_\_ Expiration date of Med. \_\_\_\_\_

Date Ordered \_\_\_\_\_ Duration of Order \_\_\_\_\_

Special Storage Requirements \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water) \_\_\_\_\_

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

Possible Side Effects \_\_\_\_\_

Other Medications (at parents discretion) \_\_\_\_\_

Location where medication administration will occur \_\_\_\_\_

Authorization to Prescribe Medication (2)

I hereby authorize \_\_\_\_\_ to administer, to my child  
(name of camp)

\_\_\_\_\_the medication(s) listed above in 105 CMR430.160

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 statement, if any, contained in such prescription or required by law, and if tablets or capsules and 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.

105.CMR.430.160 ©

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 or 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, there is written permission from the parent/guardian and the health care consultant approved in writing the administration of the medication.

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

Health Care Signature \_\_\_\_\_  
Date