

Authorization to Administer Medication to a Camper
Both Sides To be completed by parent/guardian

This form must accompany your child to camp the day of arrival.
 Chesterfield Scout Reservation

Authorization to Administer Medication to a Camper (1)

Name of Camper: _____ Age: ____ Troop/Pack: _____
 Food/Drug Allergies: _____
 Parent/Guardian: _____ Phone: _____
 Emergency Contact: _____ Phone: _____
 Please circle:
 My child takes medication(s) in the: AM PM Both

<p>Name of Medication _____ Frequency:_____ Dose:_____ AM/PM Route of Administration: _____ Quantity Received: _____ SpecificDirections (e.g., on empty stomach/with water): _____ _____ Specific Precautions: _____ _____ Special Storage Requirements: _____ _____ Comments: _____ _____ _____</p>	<p>Name of Medication _____ Frequency:_____ Dose:_____ AM/PM Route of Administration: _____ Quantity Received: _____ SpecificDirections (e.g., on empty stomach/with water): _____ _____ Specific Precautions: _____ _____ Special Storage Requirements: _____ _____ Comments: _____ _____ _____</p>
<p>Name of Medication _____ Frequency:_____ Dose:_____ AM/PM Route of Administration: _____ Quantity Received: _____ SpecificDirections (e.g., on empty stomach/with water): _____ _____ Specific Precautions: _____ _____ Special Storage Requirements: _____ _____ Comments: _____ _____ _____</p>	<p>Name of Medication _____ Frequency:_____ Dose:_____ AM/PM Route of Administration: _____ Quantity Received: _____ SpecificDirections (e.g., on empty stomach/with water): _____ _____ Specific Precautions: _____ _____ Special Storage Requirements: _____ _____ Comments: _____ _____ _____</p>

Please note: We strongly recommend you send your child with **the exact amount of doses for his stay, plus three extras** in the original prescription containers.

Chesterfield Scout Reservation

Authorization to Administer Medication to a Camper (2)

I hereby authorize Chesterfield Scout Reservation to administer, to my child _____, the medication(s) listed on the reverse side, in accordance with 105 CMR 430.160.

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 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 Officer 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 Officer 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/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

Parent/Guardian Signature: _____ Date: _____