



# Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

January 4, 2012

Dear Parent of Woodtrail/Arrowhead Camper,

The Massachusetts Department of Public Health requires that any medication(s) administered by a licensed day camp needs an **"Authorization to Administer Medication to a Camper" form filled out and signed by the camper's parent or guardian**. Without this form, we cannot administer medication to your son and/or daughter. This form must be filled out completely and returned to the Recreation and Parks Department by Friday, May 18. Please note that only medication(s) provided in the original, pharmacy labeled container will be administered.

Please call us at the Recreation Department at (508) 647-6530 if you have any questions. Thank you in advance for your cooperation in this matter.

Respectfully,

Jon Marshall, Program Director  
Natick Recreation and Parks Department

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**CAMP ARROWHEAD • CAMP WOODTRAIL**  
**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**  
(To be completed by parent/guardian)

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Reaction to Allergen: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_  
Severity: \_\_\_\_\_ Has Epi-pen Ever Been Given: Yes  No  N/A

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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., on empty stomach/with water) \_\_\_\_\_  
Specific Precautions: \_\_\_\_\_  
Possible Side Effects/Adverse Reactions: \_\_\_\_\_  
Other Medications (at parents discretion): \_\_\_\_\_  
Location where medication administration will occur: \_\_\_\_\_

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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., on empty stomach/with water) \_\_\_\_\_  
Specific Precautions: \_\_\_\_\_  
Possible Side Effects/Adverse Reactions: \_\_\_\_\_  
Other Medications (at parents discretion): \_\_\_\_\_  
Location where medication administration will occur: \_\_\_\_\_

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Name of Licensed Prescriber: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_

\* All medications on this page are to be given as described under Massachusetts Department of Public Health Camper Regulation CMR 430.160 (A), (C) AND (D). (See Reverse)

## Authorization to Administer Medication (2)

I hereby authorize \_\_\_\_\_ to administer, to my child, \_\_\_\_\_ the medication(s) listed above, in  
(NAME OF CAMP) (NAME OF CHILD)  
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 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 form the parent/guardian and the health care consultant approves in writing the administration of the medications.

### 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: \_\_\_\_\_

Camp Health Care Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_