

2023

**AUTHORIZATION TO ADMINISTER MEDICATION TO A PARTICIPANT
(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
Name of Medication: _____ Dose Given: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Name of Participant: _____ 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
Name of Medication: _____ Dose Given: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Name of Participant: _____ 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
Name of Medication: _____ Dose Given: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____

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Possible Side Effects/Adverse Reactions: _____

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 (MDPH) Regulation CMR 430.160 (A), (C) AND (D)* (See enclosed description)

Authorization to Administer Medication

The Natick Recreation and Parks Department staff is hereby authorized to administer the medications(s) listed above to my child per MDPH Regulation CMR 430.160 (A), (C), and (D). _____ (NAME OF CHILD)

Parent/Guardian Signature: _____ Date: _____
(NRPD 7/13/20)

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* MDPH Regulation 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 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, there is written permission from 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.