

**IN A MEDICAL EMERGENCY, AND PARENT CANNOT BE REACHED
&
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**

This Section must be Completed by parent/guardian): Please sign the back

Name of Camper: _____ Age: _____ Parent/Guardian Name: _____

Food/Drug Allergies: _____ Home Telephone: _____

Diagnosis (at parents discretion): _____ Business Telephone: _____

Child's Physician: _____ Phone Number: _____

Insurance Provider: _____ Policy Number: _____

Any Medical restrictions or conditions: _____

Emergency Telephone: _____

If child takes medication at home or club complete this section:

Name of Licensed Prescriber: _____ Business Telephone: _____

Emergency Telephone: _____

Name of Medication(s): _____

Time & Dose at home: _____ **Time & dose 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: Program Directors Office

(Over)

Authorization to Administer Medication to a Camper (2)

I hereby authorize **The Boys & Girls Club of Greater Westfield** to administer, to my child, _____
the medication(s) listed on page 1, in accordance with 105 CMR 430.160. (NAME OF CHILD)

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. The health care consultant shall acknowledge in writing the list of medications administered at the camp. 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, 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 of 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.

I authorize The Boys & Girls Club of Greater Westfield to perform First Aid and transport my child to the closest hospital for emergency medical treatment. I do not hold the Boys & Girls Club of Greater Westfield liable for any injury incurred during medical treatment. I agree to provide list of known allergies and medication(s) that are currently being administered to my child.
(on the reverse side of this form)

Parent/Guardian Signature: _____ Date: _____