



Medication Consent Form

Authorization to Administer Medication to a Camper

One form is required for each medication needed while in our program.

Child & Parent/Guardian Information

Child's First & Last Name: _____ DOB: _____

Child's Age: ____ Diagnosis (at parent/guardian discretion): _____

Parent/Guardian Name: _____

Parent Guardian Phone 1: _____ Phone 2: _____

Licensed Prescriber Information

Name of Licensed Prescriber: _____

Phone: _____

Medication Information

Medication Name: _____

Dose given at camp: _____ Route of Administration: _____

Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____

Expiration Date of Medication Received: _____

Special Storage Requirements: _____

Special Directions: _____

Special Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parent/guardian discretion): _____

Location where medication administration will occur: _____

You must provide our Healthcare Supervisor with medication in its original container with all prescribing information included. *We cannot accept expired medication.* Children who require emergency medication may not attend unless and until we have medication and all required forms.



Authorization Information

I hereby authorize the properly trained healthcare supervisor at Island Roots Camp Group to administer, to my child _____ the medication listed

(child's name)

above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].

If above-listed medication includes epinephrine injection system, rescue inhaler, or insulin for diabetic management:

1. I hereby authorize my child to self-administer, with approval of the healthcare consultant:

(select one) ___ Yes ___ No ___ Not Applicable

2. I hereby authorize an employee who has received training in allergy awareness and epinephrine administration, asthma and rescue inhaler administration, and diabetes and diabetic plan management to administer:

(select one) ___ Yes ___ No ___ Not Applicable

Parent/Guardian Signature

Signature of Parent/Guardian

Date

****Healthcare Supervisor (HCS)** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is specially trained in first aid/CPR.



105 CMR 430 References

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 (M.G.L. c.94C sec.21).

105 CMR 430.160(C): Medication shall only be administered by the healthcare supervisor or by a licensed healthcare professional authorized to administer prescription medications. If the healthcare supervisor is not a licensed healthcare professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the healthcare consultant. The healthcare consultant shall acknowledge in writing a list of all medications administered at the camp. 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): A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

1. List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals as qualified as healthcare supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the healthcare consultant.
2. Require healthcare supervisors designated to administer prescription medications to be trained or instructed by the healthcare consultant to administer oral or topical medications.
3. Document the circumstances in which a camper, Healthcare Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
 - a. Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
 - i. The camper is capable of self-administration; and
 - ii. The healthcare consultant and camper's parent/guardian have given written approval
 - b. Receive an epinephrine auto-injection by someone other than the Healthcare Consultant or person who may give injections within their scope of practice if:

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- i. The healthcare consultant and camper's parent/guardian have given written approval; and
 - ii. The healthcare supervisor or employee has completed training developed by the camp's healthcare consultant in accordance with the requirements in 105 CMR 430.160.
4. Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar to be monitored, or requires insulin injections, and the parent or guardian and the camp healthcare consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained healthcare supervisor who may support the child's process of self-administration.

105 CMR 430.160(F): The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

105 CMR 430/160(I): When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medications cannot be returned, it shall be disposed of as follows:

1. Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
2. The medication disposal log shall be maintained for at least three years following the date of the last entry.

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