

# AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

BABSON SPORTS CAMPS

This form should be filled out if your child will be taking medication while at camp.

(To be completed by parent/guardian and countersigned by Babson's health-care consultant)

NAME OF CAMPER	AGE
FOOD/DRUG ALLERGIES	
DIAGNOSIS (AT PARENTS' DISCRETION)	

PARENT/GUARDIAN NAME	
HOME PHONE	CELL PHONE
BUSINESS PHONE	EMERGENCY PHONE

NAME OF LICENSED PRESCRIBER	
BUSINESS PHONE	EMERGENCY PHONE

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	
SPECIAL 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	

I hereby authorize The Camps at Babson College to administer to my child, \_\_\_\_\_, the medication(s) listed, 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 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 be administered only 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 medication.

## 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.*

SIGNATURE OF PARENT/GUARDIAN	DATE
HOME PHONE	
SIGNATURE OF HEALTH CARE CONSULTANT	DATE

(To be signed by the Babson College Summer Camp's health care consultant)