



AUTHORIZATION TO ADMINISTER MEDICATION TO YOUR  
CHILD/CHILDREN PART (1)

Medication Administration ( Medication Procedure)

Please Initial, indicating that you have read and understood each item. If you have any questions, wait to initial the item and speak with Camp Director Nicole Abelli.

\_\_\_\_\_ 1. All campers needing to take medication while a the Amherst Recreation Fun In the Sun, Summer Day Camp must have their medication delivered to the Camp Director in its original container with a pharmacy label bearing the prescription number, date filled, prescribing physician's name, patients name, name of the medication, and dosage instructions. Please make arrangements to leave this medication with the Camp Director the week before your child's first camp session. Abellin@amherstma.gov (413) 259-3151

\_\_\_\_\_ 2. It is the responsibility of the parent/guardian to provide the Amherst Recreation Fun In the Sun, Summer Day Camp Camp Staff, and Camp Director with any and all additional information regarding side effects of ALL medications taken.

\_\_\_\_\_ 3. The camper must administer the medication themselves under the direct supervision of an assigned Amherst Recreation Fun In the Sun, Summer Day Camp staff member.

\_\_\_\_\_ 4. On the last day of your child's stay, the medication must be picked up by a parent/guardian. If it is not picked up at that time, it will be disposed of through proper means of medication disposal.

\_\_\_\_\_ 5. The parent/guardian must sign this consent form. Verbal consent must also be given following a conversation with the Camp Director, Nicole Abelli.

\_\_\_\_\_ 6. For the duration your child is attending Amherst Recreation Fun In The Sun Summer Day Camp, it is your responsibility to notify the Camp Director of any changes that may occur with respect to your child's medication/health needs.

\_\_\_\_\_ 7. In an effort to minimize disruptions to your child's camp day, we will make every effort to try to consolidate times when medication is given during camp. We can give medication at any time, however historically what has worked best is Lunch Time, between the hours of 12:00 pm-1:00 pm. Please keep this in mind if there is any flexibility in dosage/administration times.

\_\_\_\_\_ 8. It is very important to note that even if we do not provide the camper with a medication they take outside of camp hours, it is vital for us to know what medications your child is using. In the event of an emergency, we would need to alert medical professionals of your child's health and usage of all medications.

I request my child, \_\_\_\_\_ be administered medication(s) at the Amherst Recreation Fun In the Sun, Summer Day Camp. Inclusive of the Dates \_\_\_\_\_ Through \_\_\_\_\_. I have read the information provided here and on the following pages, and I fully understand all that has been presented

Parent/Guardian Name Printed: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION TO ADMINISTER MEDICATION TO YOUR  
CHILD/CHILDREN PART (2)



Child Information

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Food/Medication Allergies: \_\_\_\_\_

Diagnosis (at parent/guardian discretion) \_\_\_\_\_

Parent/ Guardian Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/ Guardian Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- Name of Medication: \_\_\_\_\_
- Dose given during Camp: \_\_\_\_\_
- Route of Administration: \_\_\_\_\_
- Frequency: \_\_\_\_\_
- Date ordered: \_\_\_\_\_
- Duration of order: \_\_\_\_\_
- Quantity Prescribed: \_\_\_\_\_
- Quantity Received by Camp Staff: \_\_\_\_\_
- Expiration Date of Medication Received: \_\_\_\_\_
- Special Storage Requirements: \_\_\_\_\_
- Name of Licensed Prescriber: \_\_\_\_\_
- Prescribing Doctors Office Address: \_\_\_\_\_
- Prescribing Doctors Office Phone Number: \_\_\_\_\_

Specific Directions (such as: on an empty stomach/ with water):  
\_\_\_\_\_  
\_\_\_\_\_

Specific Precautions:  
\_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects/Adverse Reactions:  
\_\_\_\_\_  
\_\_\_\_\_

Other medications child takes outside of camp:  
\_\_\_\_\_  
\_\_\_\_\_

Location of where medication administration will occur (example; The Camp Directors Office):  
\_\_\_\_\_  
\_\_\_\_\_



AUTHORIZATION TO ADMINISTER MEDICATION TO YOUR  
CHILD/CHILDREN PART (3)

Please list the medications that will be taken and administered by your  
child, under the direct supervision of an assigned staff member while at  
The Amherst Recreation Fun In the Sun, Summer Day Camp

Please list and make necessary notes for ALL of the Medications listed below, both  
prescribed and over the counter.

\*Please note that "over the counter" medication such as Benadryl will need a prescription  
or note from your physician\*.

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- Name of Medication:\_\_\_\_\_
  - Treatment for:\_\_\_\_\_
  - Dose given during Camp:\_\_\_\_\_
  - Time of Administration: \_\_\_\_\_
  - Route of Administration:\_\_\_\_\_
  - Frequency:\_\_\_\_\_
  - Special Storage Requirements:\_\_\_\_\_

Parent/Guardian Name Printed:\_\_\_\_\_Signature\_\_\_\_\_Date:\_\_\_\_\_

Physician Name Printed:\_\_\_\_\_Signature:\_\_\_\_\_Date:\_\_\_\_\_

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- Name of Medication:\_\_\_\_\_
- Treatment for:\_\_\_\_\_
- Dose given during Camp:\_\_\_\_\_
- Time of Administration: \_\_\_\_\_
- Route of Administration:\_\_\_\_\_
- Frequency:\_\_\_\_\_
- Special Storage Requirements:\_\_\_\_\_

Parent/Guardian Name Printed:\_\_\_\_\_Signature\_\_\_\_\_Date:\_\_\_\_\_

Physician Name Printed:\_\_\_\_\_Signature:\_\_\_\_\_Date:\_\_\_\_\_

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- Name of Medication:\_\_\_\_\_
- Treatment for:\_\_\_\_\_
- Dose given during Camp:\_\_\_\_\_
- Time of Administration: \_\_\_\_\_
- Route of Administration:\_\_\_\_\_
- Frequency:\_\_\_\_\_
- Special Storage Requirements:\_\_\_\_\_

Parent/Guardian Name Printed:\_\_\_\_\_Signature\_\_\_\_\_Date:\_\_\_\_\_

Physician Name Printed:\_\_\_\_\_Signature:\_\_\_\_\_Date:\_\_\_\_\_



Amherst Recreation

AUTHORIZATION TO ADMINISTER MEDICATION TO YOUR  
CHILD/CHILDREN PART (4).

I hereby authorize The Amherst Recreation Departments Fun In the Sun, Summer Day Camp to administer to my child (Child's Name) \_\_\_\_\_ the medication(s) listed in this packet in accordance with 105 CMR 430. 160. Please read and sign below.

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105 CMR: DEPARTMENT OF PUBLIC HEALTH

430.160: Storage and Administration of Medication

(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.

(B) All medication prescribed for campers shall be kept in a secure manner (e.g., locked storage or in the controlled possession of the individual responsible for administering them, according to American Camp Association Standard. Medications requiring refrigeration shall be stored at temperatures of 36° to 46°F in accordance with Massachusetts Board of Registration in Pharmacy guidance regarding proper storage of refrigerated and frozen medications.

(C) Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care 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. The health care 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.

(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 qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.

(2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.

(3) Document the circumstances in which a camper, health care 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:

**AUTHORIZATION TO ADMINISTER MEDICATION TO YOUR  
CHILD/CHILDREN PART (4) Continued**



(a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:

1. the camper is capable of self-administration; and
2. the health care consultant and camper's parent/guardian have given written approval

(b) Receive an epinephrine auto-injection by someone other than the health care consultant or person who may give injections within their scope of practice if:

1. the health care consultant and camper's parent/guardian have given written approval; and
2. the health care supervisor or employee has completed a training developed by the camp's health care 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 be monitored, or requires insulin injections, and the parent or guardian and the camp health care 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 health care supervisor who may support the child's process of self-administration.

(E) The camp's health care consultant shall train health care supervisors on the signs and symptoms of hypo or hyperglycemia, and appropriate diabetic plan management.

(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.

(G) The required training for health care supervisors and other camp employees designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160.(D)(3) shall:

- (1) be provided under the direction of the health care consultant; and
- (2) at a minimum, include content standards and a test of competency developed and approved by the Department;

(H) The health care consultant shall:

- (1) document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration; and
- (2) provide a training review and informational update at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3).

(G) When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication 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.

\*Heath Supervisor: A person who is at least 18 years of age, specifically 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 Name Printed: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_