

HAMMEL TENNIS CAMP – REQUIRED
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

This form is required for ALL campers. If your child WILL NOT need medication at camp simply answer N/A. Don't forget to sign the bottom of the form!

Name of Camper: _____ Required
Date of Birth: _____ Age: _____ Weight: _____ Required
Diagnosis: _____ (if NO then N/A)
Allergies (food, medication, other): _____ (if NO then N/A)
Parent Name(s): _____ Required
Home/Cell Phone(s): _____ Required
Name of Licensed Prescriber: _____ (if Yes then Required)
Telephone of Licensed Prescriber: _____ (if Yes then Required)
Name and Dose of Medication: _____ (if Yes then Required)
Frequency/when to be given: _____ (if Yes then Required)
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Frequency/when to be given: _____ (if Yes then Required)

If medication includes epinephrine injection system, and child is 12 or older:

I authorize my child to self-administer, with approval of the health care consultant YES ____ NO ____

If medication includes an albuterol inhaler:

I authorize my child to self-administer, with approval of the health care consultant YES ____ NO ____

If above listed medication includes insulin for diabetic management, please contact us so that we can provide you with additional paperwork. All paperwork pertaining to the application for a camper with diabetes must be submitted at least 2 weeks prior to the start of camp so that we may provide appropriate staffing and training.

I hereby authorize the health care consultant or properly trained health care supervisor to administer to my child the medication(s) listed above, in accordance with Massachusetts policy.

Parent/Guardian Signature _____ Date _____ Required

Health-Care Consultant Signature _____ Date _____
(Longfellow's Partner Physician)

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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 (B)

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 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. We will not give medication for the first time.

105 CMR 430.160 (C)

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 and CPR, has been trained in the administration of medications, and is under professional oversight of a licensed health-care professional authorized to administer prescription medications.