

CAMPER HEALTH, SAFETY, AND AUTHORIZATION FORM

REQUIRED

Recreational Camp Information		
Camp Name: HAMMEL TENNIS CAMP		
REQUIRED: Child and Parent/Guardian Information		
Child's Name:	Age:	
Parent/Guardian's Name:		
Home Phone:	Emergency Phone:	Business Phone:
Please give us any information about your child that we may need to know, such as health issues, behavioral issues, activity or diet restrictions or allergies:		
Do we have permission for your child to use hand sanitizer (Y/N):		YES / NO
Do I authorize Hammel Tennis Camp Staff to administer care in emergency situations (Y/N):		YES / NO
Does your child have an epi-pen or inhaler prescribed on their physical? If yes, please complete the rest of this form. Please note that we do not administer over-the-counter or prescription drugs other than epi-pens, inhalers, and Benadryl as indicated on the child's physical and in case of emergency.		YES / NO
IF YES, REQUIRED: Licensed Prescriber Information		
Name of Licensed Prescriber:		
Business Phone:	Emergency Phone:	
IF YES, REQUIRED: Medication Information		
Name of Medication:		
Dose Given at Camp:	Frequency:	
Route of Administration:	Quantity Provided to Camp:	
Expiration Date of Medication Received:	Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):		
Possible Side Effects/Adverse Reactions:		
IF YES, REQUIRED: Additional Medication Information (Add additional pages if more than 2 medications.)		
Name of Medication:		
Dose Given at Camp:	Frequency:	
Route of Administration:	Quantity Provided to Camp:	
Expiration Date of Medication Received:	Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):		
Possible Side Effects/Adverse Reactions:		
IF YES, REQUIRED: Additional Medication Information		
Other Medications Taken at Home (at parent/guardian discretion):		
IF YES, REQUIRED: Oral/Topical Medication Authorization:		
I hereby authorize the health care consultant or properly trained health care supervisor to administer, to my child, the oral/topical medication(s) listed above, in accordance with M.G.L. c. 94C and 105 CMR 430.160. Please complete page # 2 where applicable.		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		

IF YES, REQUIRED: Epinephrine Injection Authorization:

I hereby authorize my child to self-administer their prescribed epinephrine auto-injector, with approval of the health care consultant:

Yes No Not Applicable

I hereby authorize the designated healthcare supervisor who is a licensed healthcare professional authorized by their scope of practice to administer epinephrine auto-injectors, with approval of the health care consultant, to administer an epinephrine auto-injector to my child:

Yes No Not Applicable

I hereby authorize the designated healthcare supervisor who is NOT a licensed healthcare professional authorized by their scope of practice to administer epinephrine auto-injectors, but who is specifically trained in allergy awareness and epinephrine administration with approval of the health care consultant, to administer an epinephrine auto-injector to my child:

Yes No Not Applicable

IF YES, REQUIRED: Inhaler Authorization:

I hereby authorize my child to self-administer their prescribed inhaler, with approval of the health care consultant:

Yes No Not Applicable

IF YES, REQUIRED: Medication for Diabetes Care Authorization:

I hereby authorize my child to self-monitor and self-administer medication for diabetes care in the presence of the health care supervisor, and with approval of the health care consultant:

Yes No Not Applicable

I hereby authorize the designated healthcare supervisor who is a licensed healthcare professional authorized by their scope of practice to administer medications for diabetes care, with approval of the health care consultant, to administer diabetes medications to my child:

Yes No Not Applicable

REQUIRED: Parent/Guardian Authorization

I have read and understand the authorizations that I have provided above for medications that are administered to my child at camp. I acknowledge receipt of the regulation references below that licensed camps must follow when administering medications at camp.

Parent/Guardian Name:

Signature of Parent/Guardian:

Date:

105 CMR 430.000 References

105 CMR 430.030 Definitions

Health Care Consultant means a Massachusetts licensed physician, certified nurse practitioner, or physician assistant.

Health Care Supervisor means a person on the staff of a recreational camp for children who is 18 years of age or older and who is responsible for the day to day operation of the health program or component. The Health Care Supervisor shall be a Massachusetts licensed physician, physician assistant, nurse, or other person specially trained in accordance with 105 CMR 430.160 and has a current CPR and First Aid certificate.

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, § 21).

105 CMR 430.160(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 Accreditation Process Guide*). Medications requiring refrigeration shall be stored at temperatures of 36°F to 46°F in accordance with Massachusetts Board of Registration in Pharmacy guidance regarding proper storage of refrigerated and frozen medications.

105 CMR 430.160(C): Except as otherwise provided in 105 CMR 430.160(D), (E), and (H), medication shall only be administered by the health care supervisor or by a licensed health care provider authorized to administer prescription medications under M.G.L. c. 94C, § 9. 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.

105 CMR 430.160(E): Policy on Administration of Medications. All camps shall have a written policy for the administration of medications at the camp. This policy shall:

- (1) List individuals at the camp who are:
 - (a) Health care consultants or designated health care supervisors authorized by scope of practice to administer medications;
 - (b) Qualified health care supervisors who are properly trained and designated to administer oral or topical medications by the health care consultant;
 - (c) Authorized to administer epinephrine auto-injectors by the health care consultant; and
 - (d) Authorized to administer medications for diabetes care at a medical specialty camp pursuant to 105 CMR 430.159(F).
- (2) Require health care supervisors designated to administer prescription medications to be trained by the health care consultant to administer oral or topical medications in accordance with 105 CMR 430.160(I).
- (3) Require individuals who are authorized to administer epinephrine auto-injectors under 105 CMR 430.160(F) to be specifically trained to administer epinephrine auto-injectors under the direction of the health care consultant in accordance with 105 CMR 430.160(I).
- (4) Require individuals who are authorized to administer medications for diabetes care at a medical specialty camp under 105 CMR 430.159(F) to be specifically trained by the health care consultant to administer medications for diabetes care and shall only be administered under the direct supervision of a health care provider listed in 105 CMR 430.159(E).

105 CMR 430.160(F): Policy on Administration of Epinephrine Auto-Injectors. A camp may allow a camper who has a prescription for an epinephrine auto-injector for a known allergy or pre-existing medical condition to:

- (1) Self-administer and possess an epinephrine auto-injector at all times for the purposes of self-administration if:
 - (a) the camper is capable of self-administration; and
 - (b) the health care consultant and camper's parent/guardian have given written approval.
- (2) Receive an epinephrine auto-injection by the health care consultant, the health care supervisor, or any other camp staff if:
 - (a) the health care consultant and camper's parent/guardian have given written approval and, for any health care supervisor or other camp staff who are not a licensed health care provider, the camper's parent/guardian has given written informed consent for unlicensed staff to administer an epinephrine auto-injector to the camper as needed; and
 - (b) the unlicensed health care supervisor and other camp staff who may administer epinephrine auto-injectors have completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160(I).

105 CMR 430.160(G): Administration of Medications for Diabetes Care. A camp may allow a camper or individual authorized under 105 CMR 430.159(F), to monitor blood sugar or administer medication for diabetes care, including insulin injections. If a diabetic camper requires their blood sugar be monitored, or requires medication for diabetes care, the camp may:

- (1) Allow a camper, if capable, to self-monitor and/or self-administer provided that:
 - (a) Blood monitoring activities such as insulin pump calibration, etc. and self-administration must take place in the presence of the properly trained health care supervisor or individual authorized under 105 CMR 430.159(F) who may support the camper's process of self-administration; and
 - (b) The health care consultant and camper's parent/guardian have given written informed consent for the camper to self-administer and self-monitor.

105 CMR 430.000 References (continued)

105 CMR 430.160(H): Policy on Use of Inhalers. A camp may allow a camper who has a prescription for an inhaler for a pre-existing medical condition to self-administer and possess an inhaler 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.

105 CMR 430.160(I): Required Training for Medication Administration.

- (1) The required training for unlicensed health care supervisors designated to administer oral and topical prescription medications pursuant to 105 CMR 430.160(E)(2) shall:
 - (a) be provided by the health care consultant; and
 - (b) at a minimum, include content standards and test of competency developed and approved by the Department.
- (2) The required training for unlicensed health care supervisors and other camp staff designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(F)(2)(b) shall:
 - (a) be provided under the direction of the health care consultant; and
 - (b) at a minimum, include content standards and a test of competency developed and approved by the Department.
- (3) The required training for unlicensed health care supervisors supporting a child's process of self-monitoring and/or self-administering medications for diabetes care shall:
 - (a) be provided by the health care consultant; and
 - (b) include the signs and symptoms of hypo- or hyperglycemia, and appropriate diabetic plan management.

105 CMR 430.160(J): The health care consultant shall:

- (1) document the training and test of competency of unlicensed health care supervisor(s) designated to assume the responsibility for prescription medication administration; and
- (2) provide a training review and informational updates at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(F); and
- (3) document the training and test of competency of unlicensed individuals authorized under 105 CMR 430.159(F) to administer medications for diabetes care at a medical specialty camp.

105 CMR 430.160(K): 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.

105 CMR 430.160(L): Any hypodermic needles and syringes or any other medical waste shall be disposed of in accordance with 105 CMR 480.000: *Minimum Requirements for the Management of Medical or Biological Waste.*