

MEDICATION FORM

Prescription and Non-Prescription Drugs

Child's Name _____

Birth date ____/____/____

For the health and safety of children, we follow the Massachusetts state guidelines for the storage and administration of all medications that are brought to camp (outlined below). This completed and signed form must accompany the medication your child brings to Summer Fenn. This includes all prescription drugs, non-prescription drugs, over-the-counter medicines, vitamins, inhalers, medicated creams, herbal remedies, etc. In addition, Massachusetts state law requires all medications to be kept in a locked storage facility.

Please follow the outline below for packaging medication and completing the Medication Form. With your help, we will be able to quickly and accurately process all medications when your child arrives at Summer Fenn.

We work in conjunction with our camp doctor, and we have the generic equivalents of common over-the-counter medications such as Tylenol, Advil, etc. It is not necessary for you to send these medicines with your child unless you prefer a specific brand, or if your child will be taking it on a regular basis.

Medication Information

Be specific with the complete directions, including the preferred time of administration.

Please note: If your child arrives with medication and the Medication Form does not accompany the medication or is incomplete, the medications will be held until the parent or guardian is contacted by phone and supplies the information requested.

I consent to have the March Vacation Camp trip leader administer the following medication(s):

<u>Medication Name</u>	<u>Dosage</u>	<u>Time Given</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child takes this medication to treat _____

I do _____ do not _____ give permission for my son/daughter to self-administer his/her INHALER at camp if the nurse feels it is safe and appropriate.

I do _____ do not _____ give permission to the trip leader to share information relevant to the prescribed medication administration as she determines appropriate for my child's health and safety.

Parent/Guardian signature _____ Date _____

105 CMR.160 (A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date filling, 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 original containers containing the original label, which shall include directions for use.

105 CMR 430.160 (C)

Medication shall only be administered by the health supervisor* or by licensed health care professional authorized to administer prescription medication. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescriptions medications, the administration of medication shall be under the professional oversight of the health care consultant. Medication prescriptions for campers brought from home shall only be administered if it is from the original container, and there is a written permission from the parent/guardian.

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 healthcare professional authorized to administer prescription medications.