

Medication Authorization

Please fill out one form for each medication to be administered at camp.

Camper and Parent/Guardian Information

Camper Name:

Date of Birth:

Food/Drug Allergies:

Current Medications: (Incl. meds taken at home)

Parent/Guardian's Name:

Phone:

Medication Information

All medications must remain in their original packaging with instruction labels and prescription/dosage information. Medications will be checked in with healthcare staff and stored in the camp office.

Name of Medication:

Name of Licensed Provider:

Phone:

Dose Given at Camp:

**Time/
Frequency:**

Special Directions:

(e.g. on empty stomach/with water):

Can camper self-administer medication? (Check One)

Yes, camper may self-administer medication

No, camper needs assistance with medication administration

Medication Authorization: I hereby provide authorization for the administration of medication(s) to my child, as specified above and in accordance with 105 CMR 430.160(C), by either the Health Care Consultant or a suitable trained Health Care Supervisor at InspireWorks Enrichment Summer Camp. It is acknowledged that while the Health Care Supervisor may not hold licensure, they have undergone training overseen by the Health Care Consultant, who is a duly licensed health care provider.

Signature of Parent/Guardian:

Date:

Medication Check-In (To Be Filled Out By InspireWorks Enrichment Staff Only)

Date Received:

Received By (Staff Name):

Medication Expiration Date:

Quantity Received:

Parent/Guardian Signature
(Quantity Verified):

Last Camp Session:

1 2 3 4 5 6 7

Date Returned:

Returned By (Staff Name):