

Medication Release

Medication



Form should be submitted if your child will be taking medication while at camp
(Completed by parent/legal guardian)

Camper Information

First Name: MI: Last Name:

Parent/Guardian Information

First Name: MI: Last Name:

Medical Information

Name of licensed prescriber: Phone: (business)
Medication: Doses:(at camp) Date Ordered:
Method of Administration: Frequency:(at camp) Duration:
Quantity:(at camp) Expiration Date:
Special Storage Instructions:

Medication Instructions

Special Directions (e.g., on empty stomach, with water, etc.)
Specific Precautions
Potential side effects/adverse reactions
Other Medications (at parent/legal guardians' discretion)

I hereby authorize Stonehill College to administer to my child, _____ the medication (s) listed, in accordance with 105 CMR 430.160.

105 CMR 430.000

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 direction for use.

105 CMR 430.160 (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 professional. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from a parent/guardian, and a health-care professional approves in writing the administration of the medication.

105 CMR 430.160 (D)

When no longer needed, medications shall be returned to a parent to guardian whenever possible. When the medication cannot be returned, it shall be destroyed.

*Health Care 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 health-care professional authorized to administer medications.

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date: