

# Renaissance Enrichment and Camps

## Medication Authorization

### AUTHORIZATION TO ADMINISTER MEDICATION

(To be completed by parent/guardian)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_ Food/Drug Allergies:

\_\_\_\_\_ Diagnosis (at parents discretion):

\_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Telephone:

\_\_\_\_\_ Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Frequency: \_\_\_\_ Date Ordered: Expiration date of Medications Received:

Specific Directions (e.g., on empty stomach/with water): Specific Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parents' discretion):

Location where medication administration will occur:

Dose given at camp: \_\_\_\_\_ Route of Administration:

Duration of Order: \_\_\_\_\_ Special Storage Requirements:

Quantity Received:

Authorization to Administer Medication to a Camper (2)

I hereby authorize \_\_\_\_\_ to administer, to my child,

\_\_\_\_\_ *the medication(s) (Renaissance Camps)*

*Name of Child*

*Child:* \_\_\_\_\_

listed above, in accordance with 105 CMR 430.160.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_