MEDICATION ADMINISTRATION FORM

This form should be filled out if your child will be taking medication while at camp. I hereby authorize Willow Brook Farm to administer to my child, _____ the medication(s) listed, in accordance with 105 CMR430.160.

(To be completed by parent/guardian and countersigned Health care Supervisor)

Name of camper_____Age _____

Food/drug allergies _____

Diagnosis (at parents' discretion)_____

Parent/guardian name_____

Home phone_____Cell phone_____

Business phone_____Emergency phone_____

Name of licensed prescriber _____

Name of medication_____
Dose given at camp_____ Route of administration_____
Frequency_____
Date ordered_____Duration of order _____

Quantity received_____Expiration date of medications received_____

Special storage requirements_____

Special directions (e.g., on empty stomach/with water)_____

Specific precautions_____

Possible side effects/adverse reactions _____

Other medications (at parents' discretion)_____

*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 health-care professional authorized to administer prescription medications.

Parent/guardian signature _____Date _____
Home phone _____

Health-care supervisor signature_____Date