

**Bolton Conservation Trust Tom Denney Nature Camp**  
**Authorization to Administer Medication to Camper/Staff if under 18**  
 (to be completed by parent/guardian)

**Camper and Parent/Guardian Information**

Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	

**Licensed Prescriber Information**

Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:

**Medication Information 1**

Name of Medication:	
Dose given at camp: <b>(e.g: 0.15mg or 0.3mg)</b>	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received: <b>(Format: MM/DD/YYYY)</b>	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

**Medication Information 2**

Name of Medication:	
Dose given at camp: <b>(e.g: 0.15mg or 0.3mg)</b>	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received: <b>(Format: MM/DD/YYYY)</b>	
Special Storage Requirements:	

Special Directions (e.g., on empty stomach/with water):
Special Precautions:
Possible Side Effects/Adverse Reactions:
Other medications (at parent/guardian discretion):
Location where medication administration will occur:

### Medication Information 3

Name of Medication:	
Dose given at camp: (e.g: 0.15mg or 0.3mg)	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received: (Format: MM/DD/YYYY)	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

### Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at the Bolton Conservation Trust Tom Denney Nature Camp  
 to administer, to my child, \_\_\_\_\_ the medication(s) listed above, in accordance with 105 CMR  
 (name of camper) (name of camp)  
 430.160(C) and 105 CMR 430.160(D) [see below].

**If above listed medication includes epinephrine injection system:**

I hereby authorize my child to self-administer, with approval of the health care consultant  Yes  No  Not Applicable  
 I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer  
 Yes  No  Not Applicable

**If above listed medication includes insulin for diabetic management:**

I hereby authorize my child to self-administer, with approval of the health care consultant  Yes  No  Not Applicable

Signature of Parent/Guardian:	Date:
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\*\* **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.