

# Medication Authorization

This form authorizes InspireWorks Enrichment healthcare staff to administer prescription or over-the-counter medications to the camper listed below. 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:**

## Sunscreen / Bug Spray Only

*Sunscreen and bug spray are treated as medication only in the event campers need reminders and/or assistance in application. Fill out this section and check-in items with healthcare staff. Only spray form is allowed and sharing is not permitted. Campers who can self-apply without reminders may keep these items with them and this form is N/A.*

**Type of Medication:** (Circle One)

Bug Spray Only

Sunscreen Only

Bug Spray & Sunscreen

**Time/Frequency:**

1x daily at/around  
12:30PM

**Can Camper Self Administer?:**

(Check One)

Yes, Camper may self-administer but needs reminder to apply

No, Camper may not self-administer and needs staff assistance with application

## Medication Information (Skip this section for Sunscreen/Bug Spray Only)

*All medications must remain in their original packaging with instruction label 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

## Authorization Information.

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) and 105 CMR 430.160(D), 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)

Check In Date:

Expiration Date:

Staff Initial: