

Medication Authorization

Please 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:

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

All medications must remain in their original packaging with instruction labels 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

Medication Authorization: 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), 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:

Sunscreen / Bug Spray Assistance (Campers who can self-apply without reminders need not submit this form.)

If campers require assistance or reminders to apply sunscreen or bug spray, these items will be checked in with administrative staff, must be in spray form, and sharing is prohibited even between family members.

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

Sunscreen/Bug Spray Authorization: I hereby provide authorization for the administration of sunscreen and/or insect repellent to my child, as specified above and in accordance with 105 CMR 430.160(C), by staff at InspireWorks Enrichment Summer Camp.

Signature of Parent/Guardian:

Date:

Medication Check-In (To Be Filled Out By InspireWorks Enrichment Staff Only)

Check In Date:

Expiration Date:

Staff Name: