

Wilderness Experiences Unlimited Summer Camp

**Authorization to Administer Medication to a Camper**  
(completed by parent/guardian)

<b>Camper and Parent/Guardian Information</b>	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
<b>Licensed Prescriber Information</b>	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
<b>Medication Information 1</b>	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
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:	
<b>Medication Information 2</b>	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:

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Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
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:	
<b>Authorization Information</b>	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at _____ <b>Wilderness Experiences Unlimited</b> _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D).</p>	
<p><b>If above listed medication includes epinephrine injection system:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p><b>If above listed medication includes insulin for diabetic management:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date: