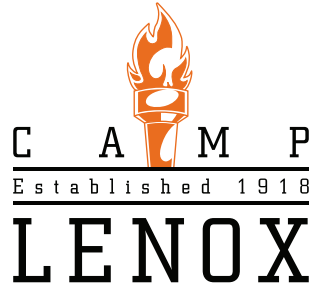


DIRECTORS
RICHARD MOSS
STEPHANIE MOSS
MONTY MOSS



A TRADITIONAL
SUMMER CAMP FOR
BOYS & GIRLS
AGES 7-16

PRESCRIPTION FORM

Authorization to administer medication to a camper. To be completed by parent/guardian and countersigned by the Health Care Consultant.

Camper: _____ Age: _____

Parent/Guardian Name: _____ Home Telephone: _____

Business Telephone: _____ Emergency Telephone: _____

Food/Drug Allergies: _____

Diagnosis (at parent's discretion): _____

Name of Licensed Prescriber: _____

Business Telephone: _____ Emergency Telephone: _____

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: _____

Specific Directions (e.g. on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents discretion): _____

Location where medication administration will occur: _____

I hereby authorize, _____ to administer to my child,

Camp Lenox Staff*

Name of Child

the medication or Medications listed above, as per 105 CMR 430.160 below.

WINTER ADDRESS **CAMP LENOX PO. BOX 75-9900 CORAL SPRINGS, FL 33075 TEL 954-340-6634**
SUMMER ADDRESS **CAMP LENOX 2042 N. MAIN ROAD LEE, MA 01238 TEL 413-243-2223**



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105 CMR 430.160(A): Medications prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use, and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers, shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C): Medications shall only be administered by the **health supervisor*** or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medication.

105 CMR 430.160 (D): When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

***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.

Camper Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Health Consultant Signature: _____

Date: _____