

## SARAH BEHN BASKETBALL CAMP Authorization to Dispense Medications

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<i>Staff Use Only</i>	
Coach:	_____
Team:	_____
Dorm:	_____
Room:	_____
Dorm Mother:	_____

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_

**READ OPTIONS CAREFULLY:**

I \_\_\_\_\_ (parent/guardian) give my permission to have THE REGISTERED NURSE OR OTHER DESIGNATED PERSONNEL ADMINISTER medication(s) listed below:

I \_\_\_\_\_ (parent/guardian) give my permission for MY CHILD TO SELF ADMINISTER medication(s) listed below (limited to emergency medication, I.E. inhalers, Epi-pens, insulin) according to the physician's instructions found on the medication. I do understand my child should carry the medication with him/her at all times and will have my child understand that under no circumstance is he/she to allow other campers to use his/her medication(s).

I understand that SARAH BEHN BASKETBALL CAMP is in full compliance with the Massachusetts Board of Health Regulations for Camps 105 CMR 430.160, Medication Administration, Storage and Return. I understand that my child's medical information will be kept confidential unless the Health Care Staff deems it necessary to convey pertinent information to other Staff only to ensure her health and well being.

MEDICATION	_____	_____	_____
DOSAGE	_____	_____	_____
FREQUENCY	_____	_____	_____
REASON FOR MED	_____	_____	_____
PRESCRIBED BY	_____	_____	_____
SPECIAL STORAGE?	_____	_____	_____

**OTHER INFORMATION:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_