

March 2018

430-160(C)

Sample Health Care Consultant Acknowledgement of On-Site Medications

Health Care Consultant Information

Name, Title and
License #:

Address:

Phone:

Fax:

Email:

Agreement Information

I, _____, acknowledge that I serve as the Health
(Print Name)

Care Consultant for _____
(Camp Name)

As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel listed below, who administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.

Names of individual authorized to administer medications at camp:

Signature of Health Care Consultant

Signature:

See advisory document from the Massachusetts Department of Public Health: "Guidance on Medication Storage and Administration for Recreational Camps"

March 2018

Date:
