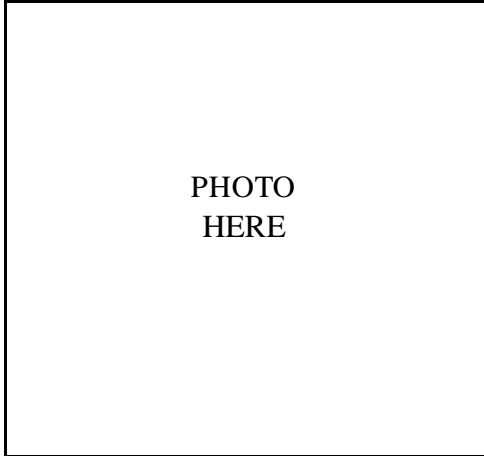




Medication Record



Cabin #: _____
Camper Name: _____
Gender: Male Female Age: _____
Parent/ Guardian Name: _____
Home telephone: _____
Business telephone: _____
Emergency telephone: _____
Prescribing Physician: _____
MD phone number: _____

Massachusetts state law requires that all medication prescribed for campers shall be kept in the original containers bearing the pharmacy label. If your child is taking a medication in a dose that is different from the current label, please contact your physician, and have a new label made for the prescription bottle before you come to camp. By law, the label needs to show the date it was filled, the pharmacy name and address, the filling pharmacists' initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, and the name of the medication, directions for use and cautionary statements as well as the number of tablets in the container.

All medications at camp will be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. State law requires that medications prescribed for campers brought from home can only be administered if they are in their original container, and if there is written permission from the parent or guardian.

Since your child will require administration of medications during camp, during the registration process, you will need to sign in at the infirmary. The camp physician and nurse will review this medication record with you and your child in order to be sure that all medications are administered accurately. When camp is over, please be sure to check in again at the infirmary and pick up any left over medications.

Table with 8 columns: Medication, Dosage, Time Schedule, Date ordered, Duration of order, Quantity Received, Expiration Date, Special Directions or Precautions. The table contains 7 empty rows for data entry.

I have reviewed the medication record above and it is accurate.

I give the Pine Brook Camp Physician, health care supervisor, and licensed health care professionals permission to administer the medications as listed above to my child _____.

Signature Parent/ Guardian

Signature Camp Physician/ Health Care Consultant

Date _____

Date _____

