

MILFORD COMMUNITY PROGRAM

Medical Release Form for Medication

The State of Massachusetts has adopted many new guidelines regulating the use and dispensing of medications. In order for a student to take ANY medication during camp, the parent/guardian must have the bottom portion of this form completed by a physician.

- All medications will be held and dispensed by the camp nurse.
- If your child has a potentially life-threatening condition, i.e. severe allergic reaction, acute asthma, diabetes, etc., and must carry emergency medication on his/her person, a note from your child’s physician stating that the child is capable of self-administration **must** be on file.
- Any child who requires an Epi-pen is required to carry the Epi-pen on his/her person and to keep a back-up Epi-pen with the camp nurse. Please have the physician note if your child is to receive Benadryl prior to the administration of the Epi-pen.

MEDICATION ORDER
To Be Completed by a Licensed Prescriber

Name of Child:
Date of Birth:
Title & Name of Licensed Prescriber:
Prescriber Phone Number:
Diagnosis:
Allergies:
Medication:
Dose:
Frequency:
Time of Administration:
Date of Order:
Discontinuation Date:
Consent for Self-Administration? Circle one YES NO
(For use with inhalers and Epi-pens only)

Signature of Licensed Prescriber _____

Parent/Guardian Consent

I, the undersigned, as parent/guardian of _____, do hereby permit the camp nurse to administer the medication listed above as prescribed by _____.

Signature of Parent/Guardian _____