

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.

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**MEDICATION ORDER  
To Be Completed by a Licensed Prescriber**

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

**Signature of Licensed Prescriber** \_\_\_\_\_

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**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** \_\_\_\_\_