

**AUTHORIZATION TO ADMINISTER MEDICATION TO A PARTICIPANT AT
THE MASSACHUSETTS SOCCER SCHOOL**

To be completed by parent/guardian:

Name of Participant: _____ Age: _____

Parent/Guardian Name: _____

Home Telephone: _____ Business Telephone: _____

Emergency Telephone: _____

Food/Drug Allergies: _____

Diagnosis: (at parents' discretion): _____

Name of Licensed Prescriber: _____

Business Telephone: _____ Home Telephone: _____

Name of Medication: _____ Dose given at MSS: _____

Route of administration: _____ Frequency: _____

Special Directions (e.g. on empty stomach/with water):

Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medication Received: _____

Special Storage Requirements: _____

Specific Precautions: _____

Possible Side Effects/ Adverse Reactions:

Other medications (at parents' discretion):

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Location where medication administration will occur (Massachusetts Soccer School to complete):

I hereby authorize Massachusetts Soccer School to administer to my child,

_____ (NAME OF CHILD)

the medication(s) listed on page 1 of this authorization, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filing, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statement, if any, contained in such a prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160 (C)

Medication shall only be administered by the health supervisor* or by a licensed healthcare professional authorized to administer prescription medications. The healthcare consultants shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed healthcare professional authorized to administer prescription medications, the administration of medication shall be under the professional oversight of the healthcare consultant. Medication prescribed for campers brought from home and shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medication shall be returned to a parent or guardian wherever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor: A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross first aid (or its equivalent) and CPR, trained in the administration of medications, and under the professional oversight of a licensed healthcare professional authorized to administer prescription medications.

Parent/Guardian Signature: _____

Date: _____