

HORACE A. MOSES SCOUT RESERVATION

PPIONEER VALLEY COUNCIL, BSA
249 Exchange Street, Chicopee, MA 01013

Written Authorization to Administer Prescribed Medication

I, _____, give permission to the Horace A. Moses Scout
(Parent/Guardian name)

Reservation health care staff to administer _____
(Type of medication/dosage)

to _____ from Troop/Pack _____ as prescribed.
(Camper name)

(Signature of parent/guardian) (Date)

Home Phone: _____ Business Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Specific directions (e.g., on empty stomach/with water): _____

Specific precautions: _____

Possible side effects/adverse reactions: _____

105CMR430.160(A): Medications prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, 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 prescribed medication, directions for use and cautionary statements, if any, contained in such prescription as 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.