



# The Skating Academy

## AUTHORIZATION TO ADMINISTER MEDICATION TO SKATER – Please complete all information

SKATER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

FOOD/DRUG ALLERGIES: \_\_\_\_\_

DIAGNOSIS (AT PARENTS' DISCRETION): \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LICENSED PRESCRIBER: \_\_\_\_\_ PRESCRIBER LICENSE NUMBER: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOSE GIVEN AT CAMP: \_\_\_\_\_

ROUTE OF ADMINISTRATION: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

DATE ORDERED: \_\_\_\_\_ DURATION OF ORDER \_\_\_\_\_

QUANTITY RECEIVED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SPECIAL STORAGE REQUIREMENTS: \_\_\_\_\_

SPECIAL DIRECTIONS (E.G., ON EMPTY STOMACH/WITH WATER): \_\_\_\_\_

SPECIFIC PRECAUTIONS: \_\_\_\_\_

POSSIBLE SIDE EFFECTS/ADVERSE REACTIONS: \_\_\_\_\_

OTHER MEDICATIONS (AT PARENTS' DISCRETION): \_\_\_\_\_

LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR: \_\_\_\_\_

I hereby authorize The Skating Club of Boston Skating Academy to administer to my child, \_\_\_\_\_, the medication(s) listed, 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 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 the prescribed medication, directions for use and cautionary statements, if any, contained in such 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.



# The Skating Academy

**105 CMR 430.160(C):** Medication shall only be administered by the health supervisor\* or by a licensed health-care professional authorized to administer prescription medications. If the health supervisor is not a licensed health-care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health-care consultant. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication.

**105 CMR 430.160(D):** When no longer needed, medications shall be returned to a parent or guardian whenever 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, has been trained in the administration of medications, and is under the professional oversight of a licensed health-care professional authorized to administer prescription medications.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

SIGNATURE OF HEALTH CARE CONSULTANT:

DATE:

[www.skatingacademy.org](http://www.skatingacademy.org) | 617-787-5283 | [info@skatingacademy.org](mailto:info@skatingacademy.org)