

2025 CAMP WHIRLYGIG - MEDICATION SELF-ADMINISTRATION FORM

CAMPER'S FULL NAME _____

Circle Weeks Attending: 7/7 7/14 7/21 7/28 8/4 8/11

This form must be completed and on file at the camp for any of the below listed medications that campers may self-carry or self-administer. Please also note that in accordance with 105 CMR 430.160(F), 105 CMR 430.160(G) and 105 CMR 430.160(H):

- For **Epinephrine Auto-injectors** a camp may allow a camper who has a prescription for an epinephrine auto-injector for a pre-existing condition to:
 - Self-administer and possess an epinephrine auto-injector at all times for the purpose of self-administration if:
 - The camper is capable of self-administration; and
 - The health care consultant and camper's parent / guardian have given written approval.
- For **Medications for Diabetes Care** a camp may allow a camper or individual authorized under 105 CMR 430.159 (F) to monitor blood sugar or administer medication for diabetes care, including insulin injections. If a diabetic camper requires their blood sugar monitored, or requires medications for diabetic care the camp may:
 - Allow a camper, if capable, to self-monitor and or self-administer provided that:
 - Blood monitoring activities such as insulin pump calibration, etc., and self-administration must take place in the presence of the properly trained health care supervisor or individual authorized under 105 CMR 430.159 (F) who may support the camper's self-administration; and
 - The health care consultant and the camper's parent / guardian have given written informed consent for the camper to self-administer and self-monitor.
- For **Inhalers** a camp may allow a camper who has a prescription for an inhaler for a pre-existing medical condition to self-administer and possess an inhaler at all times for the purpose of self-administration if:
 - The camper is capable of self-administration; and
 - The health care consultant and the camper's parent / guardian have given written approval.

Permission is given (choose any that apply):

- Epinephrine Auto-Injector to be self-administered and possessed
- Diabetic Care Medications and Monitoring to be self-monitored and self-administered
- Inhalers to be self-administered and possessed

This form is supplemental to the general medication administration form. Please complete both forms if any medication will be brought to camp. This form only grants permission for self-carrying and self-administration.

I give permission for authorized camp personnel to allow self-carrying and self-administration of the above noted medications for my child:

Parent/Guardian Signature: _____ **Date:** _____

Health Care Consultant Name / Signature: _____ **Date:** _____

Reviewed and updated: 11/18/2024

Health Office use only.

This instruction was received by the Health Office: _____ In person _____ Camper brought SIGNED completed form

Received in Health Office by _____ Date _____