

This is only necessary if your child requires medication while at camp.

Policy on Acceptance and Administration of Medication for the Mystic Aquarium Summer Camps

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered.

Acceptance of Medication

- Medications are to be accepted by a camp staff member who is trained to administer medication, holds the appropriate level of CPR training (HealthCare Provider) and First Aid and is assigned to that particular camp.
- Medications must be in the original container with a pharmacy label displaying the child's name, name of medication, directions for medication's administration, and date of prescription.
- Each medication must have an accompanying "Authorization for the Administration of Medication" form provided by the Mystic Aquarium Summer Camp, which has been completed and signed by the prescriber and signed by the parent.
- Each medication must have a "Medication Administration Record" form provided by the Mystic Aquarium Summer Camp completed.
- Medications must be inspected to be certain the requirements have been met. Accepting staff member must then sign and date the *Authorization for the Administration of Medication* and *Medication Administration Record* forms.

Care and Administration of Medication

- All medication is to be stored in its original packaging.
- Camper may carry emergency medication (EpiPen or inhaler) only with written permission of the parent. It must stay with the child at all times. All other approved medications will be carried by Mystic Aquarium Camp Staff.
- All over the counter medications carried by a Mystic Aquarium Staff member will be stored in a locked First Aid Bag. It will remain with the camp at all times. Medication requiring refrigeration will be stored in a refrigerator in a locked bag. The key will be kept by the staff member responsible for administration of the medication.
- Medication can only be administered by a Mystic Aquarium staff member who has been trained and certified to do so.
- After giving medication to the camper, it must be logged onto the *Medication Administration Record*.
- Unused and/or expired medication is to be returned to the legal guardian of the camper upon completion of the camp session. Unclaimed medication will be safely locked and stored, and will be destroyed 1 week after the camp session ends unless claimed by the guardian.



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Authorization for the Administration of Medication ----- Page 1

Medications must be in original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order

(Physician, Dentist, Physician Assistant, Advance Practice Registered Nurse)

Name of Child: _____ Date of Birth: ___/___/___ Today's Date: ___/___/___

Medication Name: _____ Controlled Drug: __ yes __ no

Dosage: _____ Method: _____ Time of Administration: _____

Specific Instructions for Medication Administration: _____

Medication Administration: Start Date ___/___/___ End Date ___/___/___

Is this medication to be self-administered by the child? ___ yes ___no

Relevant Side Effects of Medication: _____

Plan of Management for Side Effects: _____

Table with 3 columns: Known Food Allergies?, Reactions To?, Interactions with? Each column has Yes/No checkboxes.

Explain "Yes" from above: _____

Prescriber's Name: _____ Phone: _____

Prescriber's Address: _____

Prescriber's Signature: _____

Parent/Guardian Authorization: I request that medication be administered to my child as described and directed above while attending camp at the Mystic Aquarium & Institute for Exploration.

Child's Name: _____ Today's Date: _____

Child's Address: _____

Parent/Guardian authorizing administration of medication as described and directed above:

Name: _____ Relationship to Child: _____

Address: _____

Signature of Parent/Guardian authorizing administration of medication: _____

Signature of Staff receiving written authorization and medication: _____

Title/Position: _____ Name: _____

Medication Administration Report (MAR) ----Page 2

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Medication Authorization form must be used as either a two-sided document or attached first and second page.
Please complete the first three lines on this form before returning it to the Mystic Aquarium.

Name of Child: _____ Date of Birth: ___/___/___

Pharmacy Name: _____ Prescription Number: _____

Medication Name: _____

Authorization form complete

Medication is appropriately labeled

Medication is in original container

Date on label is current

Staff Accepting Medication (print): _____ **Date:** ___/___/___

Date	Time	Dosage	Remarks	Was this medication self administered?	Signature of person observing or administering medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

This page is left intentionally blank. Please include any information you feel is necessary in regards to your child's health.