



2017 Camp NOMACCA Self-Administration Form

Name: _____

I prescribe the following prescription medication to the above camper:

Medication: _____

Dosage: _____

Reason for Rx: _____

Time of Day: _____

The student is authorized to self-administer and has been instructed in self-administration of this medication. Yes No

Signature of Physician or Nurse Practitioner

Date

Print Name of Physician or Nurse Practitioner

Phone Number

My child is authorized to self-administer and has been instructed in self-administration of this medication. Camp NOMACCA and its employees and agents shall not be liable for any injuries resulting from the camper's self-administration of this medication.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____

Date: _____

This form is required in accordance of Section 5.B.4.c. and 5.B.4.d. under 10-144 CMR 208, Rules relating to youth camps, primitive and trip camping. See NOMACCA's policy on Self-Administration of Emergency Medication if you have any questions or concerns.

<u>Office Use Only</u>
Technique Evaluated: YES NO Health Staff Initials: _____