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2025 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 and will keep above noted medication with them at all times under their care. Camp NOMACCA and its employees and agents shall not be liable for any injuries resulting from 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.

Office Use Only

Technique Evaluated: Yes No Health Staff Initials: _____