

PERMISSION TO POSSESS & USE EPINEPHIRINE AUTO-INJECTOR AND/OR ASTHMA INHALER FOR EMERGENCY CARE

ATTENTION PARENTS/GUARDIANS: This form must be completed in its entirety and signed by a parent/guardian AND physician in order for your child to carry an Epi-Pen and/or asthma inhaler with him/her while at camp.

THIS SECTION TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Camper's Name: \_\_\_\_\_

Diagnosis requiring Epi-Pen/asthma inhaler: \_\_\_\_\_

Are there any other medical conditions?  YES  NO

If YES, please list: \_\_\_\_\_

The following is about the medication and must include:

Date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

Name/dose/route of medication: \_\_\_\_\_

Frequency/time of medication: \_\_\_\_\_

Does camper need assistance with administration of medication?  YES  NO

If YES, please describe what type of assistance is needed: \_\_\_\_\_

Specific recommendations for administration (what type of symptoms would indicate need for administration of this medication?):

List any special side effects, contra-indications and/or adverse reactions to be observed if the medication is administered: \_\_\_\_\_

List any adverse reactions that may occur to another child, for whom the above medication is not prescribed, should he or she receive a dose of the medication: \_\_\_\_\_

As the child's physician, I give permission for this child to possess and use:

EPINEPHRINE AUTO-INJECTOR  ASTHMA INHALER

This child has the knowledge and skills to safely possess and use the identified medication in a camp setting.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician's Name (printed): \_\_\_\_\_

Physician's Business Phone #: ( \_\_\_\_\_ ) Physician's Emergency Phone #: ( \_\_\_\_\_ )

Physician's Address: \_\_\_\_\_  
Street City State ZIP Country

THIS SECTION TO BE SIGNED BY PARENT/GUARDIAN:

I hereby give permission for the above-named camper to keep the above-named medication in his/her possession while attending a Daniel Webster Council camp. I will also provide a second Epi-Pen and/or asthma inhaler that, by law, must be kept at the health office for emergencies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_