

~ Inhaler and/or Epi-Pen Permission Form ~

The State of New Hampshire requires that this form be completed by your **child's physician** in order for the child named below to possess and self-administer an Asthma Inhaler or use Epinephrine Auto-Injector (Epi-Pen) while attending Camp. If you do not wish this child to possess his/her own asthma inhaler or epinephrine auto-injector, this form is not necessary for you to complete, and the medication will be kept in the Camp's health center and made available to the camper on an as-needed basis.

Camper Name (First and Last) _____

Parent/Guardian Name(s) _____

Street & Mailing Address _____

City _____ State _____ Zip _____

Preferred Phone (_____) _____ Second Phone (_____) _____

Please have your child's Physician complete the following Inhaler or Epinephrine Auto-Injector Medication Information. All information will be kept confidential:

Full name of medication _____

Date the order for the medication was written _____

What specific diagnosis does this medication treat? _____

What is the Route and Dosage of this medication? _____

How often and at what times of the day should this medication be administered? **Be very specific.**

Are there any specific recommendations for the administration of this medication? _____

Following administration of this medication, are there any special side effects, contra-indications, or adverse reactions the Camp staff should be aware of and/or observe the child for? _____

Are there any severe adverse reactions that may occur to another child, for whom this medication is not prescribed, should such a camper receive a dose of the medication? _____

Does the above-named child have any other medical conditions requiring medication? **Yes** or **No**

If yes, please list the specific medical conditions and their required medications? _____

In your opinion, does the above named child have the knowledge and skills to safely possess and use this medication in a residential summer camp setting? **Yes** or **No**

The signature of both a parent/guardian and the child's physician are required below:

Physician Signature: _____ **Date:** _____

Physician Name (Printed): _____

Physician Business Phone: (_____) _____ Emergency Phone: (_____) _____

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