

~ Inhaler and/or Epi-Pen Permission Form~
 (Please type or print neatly with pen)

The State of New Hampshire requires 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 attend camp. *If you do not wish this child to possess their own asthma inhaler or epi-pen, this form is not necessary. The medication will be kept in the camp's health center and made available to the camper as-needed.*

Camper Name (First and Last)			
Parent/Guardian Name(s)		Preferred Phone	Second Phone
Street and Mailing Address City State Zip			

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 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 reaction the camp staff members 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 No
 If yes, please list the specific medical conditions and their required medications? _____

In you 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 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: _____