Brantwood Camp **(603) 924-3542**
PO Box 3350, Peterborough, NH 03458 ***info@brantwood.org***

~ 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.

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

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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?

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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?

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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? _____________________________________

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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: ________________________________