Brantwood Camp

PO Box 3350 *603-924-3542*
Peterborough NH 03458 *brantwoodcamp@gmail.com*

EpiPen or Inhaler Permission Form

The State of New Hampshire requires this form be completed by your **Camper's physician** in order for the Camper named below to possess and self-administer an Asthma Inhaler or use Epinephrine Auto-Injector (EpiPen) while attending camp. *If you do not wish your Camper to possess their own asthma inhaler or epipen, 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)		Preferred Phone	Second Phone
Parent/Guardian Name(s)			
Street and Mailing Address City State Zip			

Please have your Camper'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 reactions the camp staff members should be aware of and/or observe the Camper for?

_____

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

_____

Does the above named Camper 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 your opinion, does the above named Camper 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 Camper's physician are required below:

Physician Signature: _____ Date: _____

Physician Name (Printed): _____

Physician Business Phone: _____ Emergency Phone: _____

Parent/Guardian Signature: _____ Date: _____