

PERMISSION FORM

YMCA CAMP BELKNAP



PERMISSION TO POSSESS AND USE MEDICATION (EPI/INHALER/OTHER) FOR EMERGENCY

CAMPER NAME: _____

Last

First

Middle Initial

BIRTHDATE ____/____/____

This form must be completed by the physician in its entirety and signed by parent/guardian in order for the camper to carry an Epi-Pen and/or asthma inhaler with him while at camp.

Diagnosis requiring Epi-Pen/Asthma Inhaler: _____
Are there any other medical conditions: No Yes. If yes, please list:

Medication Order:

Name of Medication: _____

Dose: _____

Frequency/Time of Medication: _____ Route: _____

Start date of order: _____ End date of order: _____

Does the camper need assistance with administration? No Yes If yes, please describe:

Specific recommendations for when to administer (symptoms that would indicate need for administration):

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

Provide recommendations for care after medication is administered (health center observation? Return to activity after __ time):

List any adverse reactions that may occur if another child for whom the medication is not prescribed, should he 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 Other: _____
This child has the knowledge and skills to safely possess and use the identified medication in a camp setting.
Licensed Provider Signature _____ Date _____
Licensed Provider Name (printed): _____ Title: _____
Office Address: _____
Telephone: _(____)_____

PARENT: I hereby give permission for the above-named camper to keep the above named medication in his possession while a camper at YMCA Camp Belknap. I/We will also provide an extra Epi-Pen and/or Asthma Inhaler that, by law, must be kept at the Health Center for emergencies.

Parent/Guardian Signature: _____ Date: ____/____/____

MI:

First:

CAMPER NAME Last: