



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/provider** 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:**

***If applicable - attach patient Action Plan***

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: