



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

STAFF NAME: _____

Last

First

Middle Initial

BIRTHDATE ____/____/____

This form must be completed by the physician/provider in its entirety and signed by the staff person in order for this staff person 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 staff person 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 a child/camper for whom the medication is not prescribed, should he receive a dose of the medication:

If applicable - attach patient Action Plan

This staff person 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: (____) _____

STAFF PERSON: I will also provide an extra Epi-Pen and/or Asthma Inhaler to be kept at the Health Center for emergencies.

Signature: _____ Date: ____/____/____

If staff person is <18 years old, parent/guardian must also sign this form below acknowledging that you give permission for this staff person to keep the above named medication in their possession while at YMCA Camp Belknap.

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

MI:

First:

NAME Last: