

# PERMISSION TO POSSESS AND USE FORM For Emergency Medication



YMCA Camp Belknap  
P: 603-569-3475  
F: 603-569-1471  
admincb@campbelknap.org

This form is to be completed ONLY if the participant is to keep a rescue inhaler, epi-pen, or other emergency medication on their person at all times. If so, the participant will be given an identifiable carry pack to wear so that all staff is aware of condition and can more easily help access and dispense medication in an emergency. The participant must also provide an extra medication dose/device to be kept at the Health Center for back up and/or emergencies. This form must be completed by a Health Care Provider.

**PARTICIPANT NAME:** \_\_\_\_\_  
Last First Middle Initial

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis requiring Rescue Medication: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

## MEDICATION ORDER:

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Frequency/Time: \_\_\_\_\_ Route: \_\_\_\_\_

Start date of order: \_\_\_\_\_ End date of order: \_\_\_\_\_

1. Does the participant need assistance with administration? ☐ No ☐ Yes If yes, please describe:
2. Specific recommendations for when to administer (symptoms that would indicate need for administration):
3. List side effects, contra-indications and or adverse reactions to be observed if the medication is administered:
4. Provide recommendations for care after medication is administered (Health Center observation? Return to activity after \_\_\_\_\_ time):
5. 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:
6. Action plan is attached: ☐ Yes ☐ No

As this participant's provider, I give permission for this participant to possess and use the above medication. This participant has the knowledge and skills to safely possess and use the medication in a camp setting.

**Licensed Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Licensed Provider Name (printed):** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Office Address:** \_\_\_\_\_  
**Telephone:** (\_\_\_\_) \_\_\_\_\_

**PARTICIPANT:** I will also provide a second dose of this medication to be kept at the Health Center for emergencies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_