Camp Belknap
PERMISSION TO POSSESS AND USE FORM
For Emergency Medication

Phone: 603-569-3475/adminCB@campbelknap.org/Fax: 603-569-1471

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 the 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. Please attach Action Plan. 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: (____)_____
RETURN FORM TO GUARDIAN/PARTICIPANT TO UPLOAD TO ONLINE MEDICAL RECORD.

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, a 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 Camp Belknap.

Guardian Signature:_____Date: ____/_____/____