



Asthma Inhaler & Epinephrine Auto-Injector Permission Form

Maine State Law, Legislative Document No. 1972, regarding camper possession and use of Asthma Inhalers and/or Epinephrine Auto-Injectors, requires this form to be completed yearly. form rev 3.10.25sp

To be completed by the Individual or Parent/Guardian if under 18 (please print clearly)

First Name _____ Last Name _____ MI _____
Date of Birth (mm/dd/yyyy) ____/____/____ Unit # _____

By signing, permission is granted to allow possession of and use of an Asthma Inhaler Epinephrine Auto-Injector

Individual Signature _____ Date (mm/dd/yyyy) ____/____/____
Parent/Guardian Signature (if under 18) _____ Date (mm/dd/yyyy) ____/____/____
Parent/Guardian Name (please print clearly) _____ Phone (_____) _____

To be completed by a Licensed Medical Professional (please print clearly)

Date of order (mm/dd/yyyy) ____/____/____
Name of medication _____
Route and Dosage _____ Frequency _____
Diagnosis requiring medication? _____
Other medical conditions? _____

Does camper need assistance with administration of medication? Yes No
If Yes, please explain _____

What type of symptoms would indicate need for administration of this medication? _____

List any special side effects, contra-indications and/or adverse reactions to be observed if the medication is administered _____

List any adverse reactions that may occur to another child, for whom the above medication is not prescribed, should he/she receive a dose of the medication _____

I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following at Camp Roosevelt Asthma Inhaler Epinephrine Auto-Injector

Physician's Signature _____
Physician's Name (please print clearly) _____
Business Phone (_____) _____ Emergency Phone (_____) _____