

PERMISSION TO POSSESS & USE EPINEPHIRINE AUTO-INJECTOR AND/OR ASTHMA INHALER FOR EMERGENCY CARE

ATTENTION PARENTS/GUARDIANS: This form must be completed in its entirety and signed by a parent/guardian AND physician in order for your child to carry an Epi-Pen and/or asthma inhaler with him/her while at camp.

THIS SECTION TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Camper's Name: _____

Diagnosis requiring Epi-Pen/asthma inhaler: _____

Are there any other medical conditions? YES NO

If YES, please list: _____

The following is about the medication and must include:

Date of order: ____ / ____ / ____ (MM/DD/YY)

Name/dose/route of medication: _____

Frequency/time of medication: _____

Does camper need assistance with administration of medication? YES NO

If YES, please describe what type of assistance is needed: _____

Specific recommendations for administration (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 or she receive a dose of the medication: _____

As the child's physician, I give permission for this child to possess and use:

EPINEPHRINE AUTO-INJECTOR ASTHMA INHALER

This child has the knowledge and skills to safely possess and use the identified medication in a camp setting.

Physician's Signature: _____ Date: ____ / ____ / ____

Physician's Name (printed): _____

Physician's Business Phone #: (____) _____ Physician's Emergency Phone #: (____) _____

Physician's Address: _____
Street City State ZIP Country

THIS SECTION TO BE SIGNED BY PARENT/GUARDIAN:

I hereby give permission for the above-named camper to keep the above-named medication in his/her possession while attending a South Plains Council camp. I will also provide a second Epinephrine Auto-injector 2-pack and/or asthma inhaler that, by law, must be kept at the health office for emergencies.

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