

# PERMISSION TO POSSESS & USE EPINEPHRINE AUTO-INJECTOR AND/OR ASTHMA INHALER for symptom management or EMERGENCY CARE

**PARENT/GUARDIAN:** In compliance with NH state regulations-This form must be completed and signed by a parent/guardian **AND prescriber** to allow your child to carry an Epi-Pen and/or asthma inhaler with him/her while at Camp Squanto.

**Camper's Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

Diagnosis requiring **Epi-Pen** and/ or **inhaler:** \_\_\_\_\_  
\_\_\_\_\_

The following is about the medication and must include:

1. **Date of order (MM/DD/YY):** \_\_\_/\_\_\_/\_\_\_  
**Name/dose/route of medication:** \_\_\_\_\_  
\_\_\_\_\_  
**Frequency/time of medication:** \_\_\_\_\_
2. **Date of order (MM/DD/YY):** \_\_\_/\_\_\_/\_\_\_  
**Name/dose/route of medication:** \_\_\_\_\_  
\_\_\_\_\_  
**Frequency/time of medication:** \_\_\_\_\_

Does camper need assistance with administration of medication? NO \_\_\_ YES \_\_\_

If **YES**, please describe what type of assistance is needed. List recommendations for usage and observation (what symptoms or situations indicate a need for this medication?):

\_\_\_\_\_  
\_\_\_\_\_

This child has the knowledge and skills to safely possess and use the identified medication in a camp setting. As the child's physician/provider, I give permission for this child to possess and use:

**ASTHMA INHALER:** NO \_\_\_ YES \_\_\_

**EPINEPHRINE AUTO-INJECTOR:** NO \_\_\_ YES \_\_\_

**Physician's /Provider's Name (printed):** \_\_\_\_\_

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

**Provider's Phone:** \_\_\_\_\_ **Provider's Address:** \_\_\_\_\_  
\_\_\_\_\_

## THIS SECTION TO BE SIGNED BY PARENT/GUARDIAN:

I hereby give permission for my child to keep and use the above-named medications in his/her possession while attending Camp Squanto/ Pilgrim Pines.

**Parent/Guardian Name (print):** \_\_\_\_\_

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

**Camper:** I agree to notify the Camp Nurse when I have used the medication and will never allow others to use my inhaler or Epi-pen.

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

