



PLEASE SUBMIT THIS WITH YOUR HEALTH FORM (IF NEEDED)

STAFF: This only needs to be submitted for staff under age 18 who need to carry his/her inhaler on their person. If you are ok with leaving it in the health center, you do not need this form.

PERMISSION FOR POSSESSION AND USE OF EPINEPHRINE AUTO-INJECTOR AND ASTHMA INHALERS

In order to comply with Massachusetts State regulations for day camps, ***your physician must complete and sign this form*** which allows your child to possess Epi-pens or inhalers while at camp. In accordance, your child will not be allowed to keep epi-pens or inhalers on their person without this completed form. ***This form is in addition to the health form.*** Your child will need an additional inhaler / epi-pen to be stored in the camp health center in case of emergency.

Camper / Staff Name: _____ Address: _____

Please circle appropriate action: Asthma Inhaler Epi-pen

Name of Licensed Prescriber: _____

Business Phone #: _____ Emergency Phone #: _____

Please describe the medication

Name: _____ Date of Order: _____

Route: _____ Dosage: _____

Frequency and time of administration: _____

Please provide a diagnosis and describe any other medical condition requiring medication (if not a violation of confidentiality): _____

Please name any additional medications: _____

Specific Recommendations for administration: _____

Are there any severe reactions that could occur to another child for whom the medication is not prescribed: _____

I certify that _____ has the skills and knowledge to safely possess and use an Epi-pen / asthma inhaler while in a camp setting

Physician Name _____

Physician Signature _____

Parent Signature _____