

INHALER AND EPI PEN PERMISSION FORM

CAMPER NAME _____ DOB _____

Permission is granted to YMCA Camp Huckins to allow my child to possess and use:

Inhaler

☐

**Epinephrine
Auto-Injector**

☐

Parent/Guardian **Signature** _____ **Date** _____

Print Parent/Guardian Name _____

LICENSED MEDICAL PERSONNEL must complete the following:

☐

Inhaler

☐

Epinephrine Auto-Injector

1. Name of medication _____
2. Date of Medication Order _____
3. Route and Dosage of Medication _____
4. Frequency and Time of Medication Administration or Assistance _____
5. Specific Recommendations for Administration (What type of symptoms would indicate need for medication) _____

6. Diagnosis and Any Other Medical Conditions Requiring Medications _____

7. Any special side effects, contraindications and adverse reactions to be observed _____

8. Any severe adverse reactions that may occur to another child for whom the epinephrine auto-injector is not prescribed, should such a child receive a dose of medication? _____

9. Name of each required medication _____

I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following at Camp Huckins:

☐

Inhaler

☐

Epinephrine Auto-Injector

Licensed Medical Personnel Signature

Date: _____ Print Name _____

Business Phone _____ Emergency Phone _____

If any of these criteria are not met, Camp Huckins will **not** allow your child to carry(or store in the cabin)their inhaler or epi-pen. If you or your child's physician have any questions regarding this policy, please contact :

Camp Huckins - 17 Camp Huckins Road, Freedom, NH 03836