



**EPI PEN/INHALER PERMISSION TO POSSESS
AT NORTH WOODS AND PLEASANT VALLEY CAMPS**

I, _____ (parent/guardian), give permission for my child to keep an epi-pen or inhaler in his/her possession at camp. I will also provide an extra epi-pen or inhaler that will be kept in the camp Health Center for emergencies.

Parent Signature

Date

_____ (name of camper) is attending North Woods/
Pleasant Valley Camp this summer. The following information is on file at the camp in the camper health form or will be provided on the original label of prescription medications brought to camp.

1. The child's name
2. The name and signature of the licensed prescriber and business and emergency number.
3. The name, route and dosage of medication.
4. The frequency and time of medication administration or assistance.
5. The date of the order.
6. A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or of not contrary to the request of the parent or guardian to keep confidential.
7. Specific recommendations for administration.
8. Any special side effects, contraindications, and adverse reactions to be observed.
9. The name of each required medication

Any severe reactions that may occur to another child for whom the epinephrine auto-injector is not prescribed, should such a child 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

My signature below provides verification that this child has the knowledge and skills to safely possess and use the identified medication(s) in a camp setting.

Physician's Signature

Date

Physician's Printed Name

Address and Phone Number