

PERMISSION FORM

APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY
MEDICATION

As the primary health care provider for (camper's name) _____, I
order the carrying and self-administering, as medically necessary of the following
medications by the above named camper: (Circle all that apply or list other emergency
self-medication device.)

a. Asthma Inhaler

b. Epinephrine Pen

Further, I confirm that this camper has the knowledge and the skills to carry and safely
self-administer the indicated emergency medication in camp.

Primary Healthcare Provider Signature and Date

PARENT PERMISSION FORM
USE OF SELF-ADMINISTERED EMERGENCY MEDICATION

As the parent or guardian of (camper's name) _____ I approve of the
carrying and self-administering, as medically necessary of the medications listed above
by my child:

Further, I confirm that my child has the knowledge and the skills to carry and safely
administer the above listed emergency medication in camp.

Parent or Guardian signature

Date