SPIRIT OF ADVENTURE

PERMISSION TO POSSESS & USE EPINEPHIRINE AUTO-INJECTOR AND/OR ASTHMA INAHLER FOR EMERGENCY CARE

ATTENTION PARENTS/GUARDIANS: This form must be completed in its entirety and signed by a parent/guardian AND physician in order for your child to carry an Epi-Pen and/or asthma inhaler with him/her while at camp.

THIS SECTION TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Camper's Name: _____

Diagnosis requiring Epi-Pen/asthma inhaler: _____

Are there any other medical conditions? ❑YES ❑NO

If **YES**, please list: _____

_____

The following is about the medication and must include:

Date of order: ____/____/____ (MM/DD/YY)

Name/dose/route of medication: _____

Frequency/time of medication: _____

Does camper need assistance with administration of medication? ❑YES ❑NO

If **YES**, please describe what type of assistance is needed: _____

_____

Specific recommendations for administration (what type of symptoms would indicate need for administration of this medication?):

_____

List any special side effects, contra-indications and/or adverse reactions to be observed if the medication is administered: _____

_____

List any adverse reactions that may occur to another child, for whom the above medication is not prescribed, should he or she 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**

This child has the knowledge and skills to safely possess and use the identified medication in a camp setting.

Physician's Signature: _____ **Date:** ____/____/____

Physician's Name (printed): _____

Physician's Business Phone #: (_____) _____ Physician's Emergency Phone #: (_____) _____

Physician's Address: _____ USA

Street *City* *State* *ZIP* *Country*

THIS SECTION TO BE SIGNED BY PARENT/GUARDIAN:

I hereby give permission for the above-named camper to keep the above-named medication in his/her possession while attending a Spirit of Adventure camp. I will also provide a second Epi-Pen and/or asthma inhaler that, **by law**, must be kept at the health office for emergencies.

Parent/Guardian Signature: _____ **Date:** ____/____/____