

## ASTHMA INHALER AND EPI PEN PERMISSION FORM

Pursuant to NH Law the following must be completed and submitted 4-weeks prior to attendance in order for your child to possess and use an asthma inhaler or epinephrine auto-injector.

<b>Camper Name</b> _____	<b>Date of Birth</b> _____
Permission is granted to Camp Calumet to allow my child to possess and use an <input type="checkbox"/> Asthma inhaler / <input type="checkbox"/> Epinephrine Auto-Injector	
<b>Parent / Guardian Signature</b> _____	
<b>Print name</b> _____	<b>Date</b> _____

**LICENSED MEDICAL PERSONNEL** must complete the following for use of the above

Asthma 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) Diagnosis and Any Other Medical Conditions Requiring Medications \_\_\_\_\_  
\_\_\_\_\_
- 6) Any Special Side Effects, Contraindications and Adverse Reactions to be observed? \_\_\_\_\_  
\_\_\_\_\_
- 7) 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? \_\_\_\_\_
- 8) 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 Calumet:

Asthma Inhaler  Epinephrine Auto-Injector

Licensed Medical Personnel Signature \_\_\_\_\_

Date \_\_\_\_\_ Print name \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

**If any of these criteria are not met, Calumet will not be able to allow your child to carry or store an asthma inhaler or epi-pen in the cabin/tent. Please contact Calumet with any questions regarding this policy.**