

ASTHMA INHALER AND EPI PEN PERMISSION FORM

CAMPER NAME _____ DOB _____

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

Asthma Inhaler

Epinephrine Auto-Injector

Parent/Guardian Signature

Date

Print Parent/Guardian Name

LICENSED MEDICAL PERSONNEL must complete the following:

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. 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:

Asthma 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 daughter to carry(or store in the cabin)her asthma inhaler or epi-pen. If you or your child's physician has any questions regarding this policy, please contact Camp Huckins.