

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.

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

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 in the cabin/tent his/her asthma inhaler or epi-pen. If you or your child's physician has any questions regarding this policy, please contact Calumet.