Calumet
PO Box 236
West Ossipee, NH 03890
603 539-3223 Fax 603 539-3385

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.

Camper Name_____ Date of Birth_____

Permission is granted to Camp Calumet to allow my child to possess and use an
☐ Asthma inhaler / ☐ Epinephrine Auto-Injector

Parent / Guardian Signature_____

Print name_____Date_____

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.