

To be completed and signed by your physician. This confirms the physician’s understanding that the child has the necessary knowledge and skills to safely possess and use an asthma inhaler or EpiPen in a camp setting.

Camper’s Name	
Diagnosis/Medical condition requiring medication (Confidentiality guaranteed)	
Name, Route, Dosage of Medication: Include frequency and time of administration	
Special recommendations: Include side effects, possible adverse reactions and/ or contraindications	
Potential severe reactions to another child for whom the epinephrine auto-injector or inhaler is not prescribed (should such a camper receive a dose of the medication)	
Name, Date, and Signature of Licensed Prescriber. Include business and emergency numbers.	

Parent must sign these verifications: My child has the knowledge and skills to safely possess and use an asthma inhaler/EpiPen in a camp setting. The camp and its employees are not liable in a suit for damages as a result of any act or omission related to a child’s use of an inhaler of epinephrine auto-injector if the provisions of the law have been met. The sole exception is if damages were caused by willful or wanton conduct or disregard of the criteria established for the possession and self-administration of the asthma inhaler of the epinephrine auto-injector by a child.

Parent Signature

Date

_____ Emergency Contact Number(s)