

**PERMISSION TO POSSESS & USE EPINEPHIRINE AUTO-INJECTOR  
AND/OR ASTHMA INHALER FOR EMERGENCY CARE**

**ATTENTION PARENTS/GUARDIANS:** This form must be completed in its entirety and signed by a parent/guardian AND physician in order for your child to carry an Epi-Pen and/or asthma inhaler with him/her while at camp.

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**THIS SECTION TO BE COMPLETED AND SIGNED BY PHYSICIAN:**

Camper's Name: \_\_\_\_\_

Diagnosis requiring Epi-Pen/asthma inhaler: \_\_\_\_\_

Are there any other medical conditions? ☐ YES ☐ NO

If YES, please list: \_\_\_\_\_

***The following is about the medication and must include:***

Date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

Name/dose/route of medication: \_\_\_\_\_

Frequency/time of medication: \_\_\_\_\_

Does camper need assistance with administration of medication? ☐ YES ☐ NO

If YES, please describe what type of assistance is needed: \_\_\_\_\_

Specific recommendations for administration (what type of symptoms would indicate need for administration of this medication?): \_\_\_\_\_

List any special side effects, contra-indications and/or adverse reactions to be observed if the medication is administered: \_\_\_\_\_

List any adverse reactions that may occur to another child, for whom the above medication is not prescribed, should he or she receive a dose of the medication: \_\_\_\_\_

**As the child's physician, I give permission for this child to possess and use:**

☐ **EPINEPHRINE AUTO-INJECTOR**

☐ **ASTHMA INHALER**

**This child has the knowledge and skills to safely possess and use the identified medication in a camp setting.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician's Name (printed): \_\_\_\_\_

Physician's Business Phone #: (\_\_\_\_) \_\_\_\_\_ Physician's Emergency Phone #: (\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_ **USA**  
Street City State ZIP Country

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**THIS SECTION TO BE SIGNED BY PARENT/GUARDIAN:**

I hereby give permission for the above-named camper to keep the above-named medication in his/her possession while attending a Spirit of Adventure camp. I will also provide a second Epi-Pen and/or asthma inhaler that, **by law**, must be kept at the health office for emergencies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_