

THIS FORM IS FOR: LAST NAME: _____ FIRST NAME: _____ Date of Birth: ___/___/___

PERMISSION FOR POSSESSION AND USE OF EPINEPHRINE AUTO-INJECTORS AND ASTHMA INHALERS

This form is in addition to the health form!

In order to comply with NH RSA 485 (New Hampshire Revised Statutes Annotated 485) *your physician must complete and sign this form* which allows your child to possess epi-pens or inhalers on their person while at camp.

In accordance with RSA 485 your child will not be allowed to keep epi-pens or inhalers on their person without this completed form.

NOTE: Your child will need an additional inhaler/epi-pen to be stored in the camp infirmary in case of emergency. (NH RSA 485-A:25-d Availability)

Camper Name _____

Home Address _____

Please circle appropriate action: Asthma Inhaler Epi-pen

Name of Licensed Prescriber _____

Business phone # _____ Emergency phone # _____

Please describe the medication:

Name _____ Date of Order _____

Route _____ Dosage _____

Frequency and time of administration _____

Please provide a diagnosis and describe any other medical condition requiring medication (if not a violation of confidentiality) _____

Please name any additional medications _____

Specific recommendations for administration _____

Are there any special side effects, contraindications, or adverse reactions we should watch for? _____

Are there any severe reactions that could occur to another child for whom the medication is not prescribed? _____

I certify that _____ has the skills and knowledge to safely possess and use an epi-pen/asthma inhaler while in a camp setting.

Physician Name _____

Physician Signature _____ Date Signed: _____

Campers must report to nurse *immediately* after using the epinephrine auto-injector!

Parent Signature _____ Date Signed: _____

Name of Parent (printed legibly): _____

NH RSA 485-A: 25-e & g Immunity. No recreational camp or camp employee shall be liable in a suit for damages as a result of any act or omission related to a child's use of an epinephrine auto-injector or inhaler if the provisions of RSA 485 have been met.