



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

In order to comply with NH RSA 485, your physician must complete/sign this form, which allows your child to possess an Epi-pen or inhaler at camp. In accordance with RSA 485, your child will not be allowed to keep an Epi-pen or inhaler on their person without this completed form. Please submit this form in addition to the Health Form. You will need to submit an additional Epi-pen/inhaler to be stored in the Health Center in case of emergency.

Full Name: _____ Cabin #: _____ Session(s): _____ Birthdate: _____

Camper Name: _____
Last First Middle

Address: _____
Street City State ZIP

Phone #: _____ Emergency Phone #: _____

Please circle the appropriate action: Asthma Inhaler Epi-Pen

Name of Licensed Prescriber: _____

Prescriber Business Phone #: _____ Emergency Phone #: _____

Please describe the medication:

Name: _____ Date of Order: _____

Route: _____ Dosage: _____

Frequency and time of medication administration or assistance: _____

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

Please list any additional medications: _____

Specific recommendations for administration: _____

Are there any special side effects, contraindications, and adverse reactions to be observed: _____

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 or Asthma Inhaler (please circle) while in a camp setting.

Physician Name: _____

Physician Signature: _____

Please remember that campers must submit an additional Epi-pen/inhaler to be stored in the Health Center in case of emergencies. Campers must report to the Health Center immediately using epinephrine auto-injectors.

Parent Signature: _____

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 of omission related to a child’s use of an epinephrine auto-injector or inhaler if the provisions of RSA 485 have been met.