

Asthma Inhaler and EPI-Pen Permission Form

In accordance with New Hampshire State Regulation, Nature's Classroom at Sargent Center requires that all participants in camp programs who possess and/or self-administer an **Asthma-inhaler or EPI Pen** must have a signed permission from the **campers/child's parent/guardian and health care professional**.

Parent Section

Child's name _____ Date of Birth _____

Permission is granted to Nature's Classroom at Sargent Center to allow my child to possess and use:

_____ Asthma Inhaler _____ Epinephrine Auto-Injector

Parent/Guardian Signature _____ Date _____

Print Name: _____

Licensed Medical Personnel Section

_____ Asthma Inhaler _____ Epinephrine Auto-Injector

1. Name of Medication _____ 2. Date of medication order: _____

3. Route and dosage of medication _____

4. Specific recommendation for administration or assistance

5. Frequency and time of medication conditions requiring medication

6. Diagnosis and any other medication conditions that require medication

7. Any special side effects, **contradictions** and adverse reactions to be observed

8. List of any severe adverse reactions that may occur should another child, for whom the EPI - pen is not prescribed, receive a dose of medication

9. 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 Sargent Center: _____ Asthma Inhaler _____ Epinephrine Auto Injector

Licensed Medical Personnel Signature _____

Print Name _____

Business Phone _____ Emergency Phone _____