

Emergency Medications Policy

The day camp first aid provider will keep all emergency medications sent to camp such as EpiPens and rescue inhalers, (i.e., ProAir, Ventolin, Xopenex, and Albuterol) at the Infirmary. We advise that if a parent wants their child to carry an EpiPen or rescue inhaler, to send two (2) to camp – one (1) will be at the Infirmary and one (1) will stay with the child.

If a parent chooses to send only one (1) EpiPen or rescue inhaler to camp with the child and not send an extra one for the Infirmary, day camp requires a Physician's signature indicating that the child is responsible and has the understanding of how to administer the EpiPen or rescue inhaler.

PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS

Part 1: **Parent/Guardian Authorization:** If a parent chooses to send two (2) EpiPens or rescue inhalers to camp, one (1) to store with the first aid provider and one (1) to keep in the camper's possession, the parent must read, sign, and return this part of the form to camp upon check-in:

Name of Camper: _____

The above-named camper has been instructed in the proper use of their asthma inhaler/emergency medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at camp. He/she is responsible and understands the purpose, appropriate method, and frequency of use of asthma inhaler/emergency medication, and she will keep the medication inaccessible to other campers.

Name of Medication: _____

Type of Medication (i.e. rescue inhaler, EpiPen): _____

Schedule of Doses (When): _____

Restrictions, Cautions, Side Effects:

Parent/Guardian Signature

Printed Name/Relationship

PART 2: Physician's Verification: For campers whose guardian has chosen to send one (1) rescue inhaler/emergency medication and is requesting the one (1) medication be kept with the camper rather than with the day camp first aid provider: The above-named camper has a valid prescription and has been instructed in the proper use of their asthma inhaler/emergency medication.

Physician Signature

Printed Name

Date