

**PERMISSION FORM**

**APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION**

As the primary health care provider for (camper's name) \_\_\_\_\_,  
I order the carrying and self-administering, as medically necessary of the following  
medications by the above-named camper: (Circle all that apply or list other emergency  
self-medication devices).

a. Asthma Inhaler

b. Epinephrine Pen

c. Other (please specify): \_\_\_\_\_  
\_\_\_\_\_.

Further, I confirm that this camper has the knowledge and skills to carry and safely self-administer the indicated emergency medication in camp.

\_\_\_\_\_  
Primary Healthcare Provider Signature

\_\_\_\_\_  
Date

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**PARENT PERMISSION FORM**

**Use of Self-Administered Emergency Medication**

As the parent or guardian of (camper's name) \_\_\_\_\_,  
I approve of the carrying and self-administering, as medically necessary, of the  
medications listed above by my child.

Further, I confirm that my child has the knowledge and the skills to safely carry and self-administer the above-listed emergency medications in camp.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date