

AEC Children's Camp 2016

WRC Inhalers and Epi-Pen/Avi-Q Authorization Summer 2016

Campers may be allowed to carry Asthma Inhalers & Epi-pens at camp, and campers may be authorized to self-administer these two medications only when this authorization form is completed by both the parent/guardian and the camper's physician.

Name of Participant: _____ Date of Birth: _____

Parent's Name: _____ Primary Phone #: _____

Physician's Name: _____ Primary Phone #: _____

☐ Inhalers

I certify that my child has been instructed in the proper procedure to self-administer the asthma medication listed below:

(Name of Asthma Inhaler Medication)

My child is competent in the self-administration of this medication and can take responsibility for administering this medication in the proper dose and frequency. My child has my authorization to carry this medication while at camp. I further state that my child's physician has given consent for my child to self-administer and to carry this medication while at camp.

I understand that if my child self-administers this medication, my child will be taken directly to the camp nurse for monitoring.

Please check the appropriate box:

- ☐ My child will carry the medication to and from camp each day and carry it around camp during the day. The
☐ inhaler will be stored in the infirmary; my child will pick it up each day and return it before leaving.

I understand that if my child is using the medication unsafely, irresponsibly or fails to keep it out of reach of other campers, I will be called and a decision will be made to address this misuse for the protection of my child and other campers. I understand that Wagon Road Camp is not responsible for lost, stolen, or improperly discharged medication.

☐ EpiPens/Auvi-Q

I certify that my child has been instructed in the procedure to self-administer Auto Injector Medication for Anaphylaxis listed below:

(Name of Auto-Injector Medication)

My child is competent in the self-administration of this medication and can take responsibility for administering this medication when Anaphylaxis is imminent. My child has my authorization to carry this medication while at camp. I further state that my child's physician has given consent for my child to self-administer and to carry this medication while at camp.

I understand that if my child self-administers this medication, my child will be taken directly to the camp nurse for monitoring.

Please check the appropriate box:

- ☐ My child will carry the medication to and from camp each day and carry it around camp during the day.
☐ The medication will be stored in the infirmary; my child will pick it up each day and return it before leaving.

I understand that if my child is using the medication unsafely, irresponsibly or fails to keep it out of reach of other campers, I will be called and a decision will be made to address this misuse for the protection of my child and other campers. I understand that Wagon Road Camp is not responsible for lost, stolen, or improperly discharged medication.

Parent's Signature _____

Date: _____

Physician's Signature: _____ NYS License # _____ Date: _____

