

**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 below by my child: (Circle all that apply or list other emergency self-medication device.)

- a. Asthma Inhaler
- b. Epinephrine Pen

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

Parent or Guardian signature / Date