

**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 device.)

- a. Asthma Inhaler
- b. Epinephrine Pen

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

\_\_\_\_\_  
Primary Healthcare Provider signature / Date

**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 medication in camp.

\_\_\_\_\_  
Parent or Guardian signature / Date