

**PERMISSION TO POSSESS AND USE  
EPINEPHRINE AUTO INJECTOR (EPI-PEN)  
AND/OR ASTHMA INHALER  
AT WILLIAM LAWRENCE CAMP**

I, \_\_\_\_\_ (Parent/guardian) give permission for my son to keep an epi-pen / inhaler in their possession at camp. I will also provide an extra epi-pen / inhaler that will be kept in the camp infirmary for emergencies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ (name of camper) is attending William Lawrence this summer. The following information is on file at the camp in the camper's health form and/or will be provided on the original label of prescription medication brought to camp:

1. The camper's name
2. The name and signature of the licensed prescriber and business and emergency numbers.
3. The name, route, and dosage of medication.
4. The frequency of time of medication, administration or assistance.
5. The date of the order.
6. A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or if not contrary to the request of the parent or guardian to keep confidential.
7. Specific recommendations for administration.
8. Any special side effects, contraindications, and adverse reactions to be observed.
9. The name of each required medication.
10. Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector is not prescribed, should such a child receive a dose of the medication.

As the child's physician, I give permission for this child to possess and use (please identify which medication):

\_\_\_\_\_ EPINEPHRINE AUTO-INJECTOR

\_\_\_\_\_ ASTHMA INHALER

My signature below provides verification that this child has the knowledge and skills to safely possess and use the identified medication(s) in a camp setting.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number