



Authorization for Camper to possess and use Inhalers and Epinephrine Auto-Injectors

NH Law Statutory provisions RSA 485~A:25 b-g requires the following information to be given to camp personnel in order for camper to possess and use Inhalers and/or Epinephrine Auto-Injectors in the camp setting.

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Drug : \_\_\_\_\_ Route: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date of Order: \_\_\_\_\_

Any special side effects, contraindications and adverse reactions to be observed in camper: \_\_\_\_\_

Diagnosis and any other medical condition requiring medication: \_\_\_\_\_

Specific recommendations for administration: \_\_\_\_\_

Other medications child is required to take: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

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

Phone # \_\_\_\_\_

Camper has the knowledge and skills to safely possess and use an ~ (Circle One) Asthma Inhaler or Epinephrine Auto Injector in a camp setting.

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

Parent's Signature: \_\_\_\_\_