



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: _____