

# Poland Summer Recreation at Camp Connor

## Epinephrine Pen/Inhaler Form

**This form must be filled out by a parent/guardian when it becomes necessary for a program participant to have an Epinephrine Pen and/or Inhaler during program hours. All items must be provided to staff in its original container, and must be labeled by a pharmacist or physician. Please understand that some medication due to potential risk and side effect, may require us to seek out additional information/resources.**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Medication being administered: \_\_\_\_\_

This medication can be possessed and *self-administered* by program participant.

This medication should be possessed by the camp staff in close vicinity with the program participant and *administered by staff*.

This medication should be housed in the camp office and *administered by staff* to program participant.

How to administer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for medication: \_\_\_\_\_

Side effects: \_\_\_\_\_

Other necessary information: \_\_\_\_\_  
\_\_\_\_\_

I give my permission for Poland Summer Recreation Camp Director or Assistant Director to *administer* medication to my dependent as state above (in case of emergency or if necessary) **OR** to supervise the *self-administration* of medication by my dependent as stated about.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_