

Camp MujiGae

~ Inhaler and/or Epi-Pen Permission Form ~

Camp Mujigae provides a first aid station for treatment of minor injuries at camp.

Camp Mujigae does NOT administer any medication, prescription or over-the counter.

This form must be completed by your child's physician in order for the child named below to possess and self-administer an Asthma Inhaler or use Epinephrine Auto-Injector (Epi-Pen) while attending camp.

Camper Name (First and Last) _____
Parent/Guardian Name(s) _____
Street & Mailing Address _____
City _____ State _____ Zip _____
Preferred Phone (____) _____ Second Phone (____) _____

Please have your child's Physician complete the following Inhaler or Epinephrine Auto-Injector Medication Information. All information will be kept confidential:

Full name of medication _____
Date the order for the medication was written _____
What specific diagnosis does this medication treat? _____
What is the Route and Dosage of this medication? _____

How often and at what times of the day should this medication be administered? Be very specific.

Are there any specific recommendations for the administration of this medication? _____

Following administration of this medication, are there any special side effects, contra-indications, or adverse reactions the Camp staff should be aware of and/or observe the child for? _____

Are there any severe adverse reactions that may occur to another child, for whom this medication is not prescribed, should such a camper receive a dose of the medication? _____

Does the above-named child have any other medical conditions requiring medication? Yes or No If yes, please list the specific medical conditions and their required medications? _____

In your opinion, does the above-named child have the knowledge and skills to safely possess and use this medication in a summer camp setting? Yes or No

The signature of both a parent/guardian and the child's physician are required below:

Physician Signature: _____ Date: _____

Physician Name (Printed): _____

Physician Business Phone: (____) _____ Emergency Phone: (____) _____

Parent/Guardian Signature: _____ Date: _____