

# 2023 ASTHMA INHALER AND EPI PEN PERMISSION FORM

CAMPER NAME \_\_\_\_\_ DOB \_\_\_\_\_

Permission is granted to PDLG Summer Camp to administer or provide:

**Asthma  
Inhaler**

☐

**Epinephrine  
Auto-Injector**

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Parent/Guardian **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print** Parent/Guardian Name \_\_\_\_\_

**For the safety of all campers all inhalers, auto-injectors, and medications will be kept with an assigned camp counselor.**

## LICENSED MEDICAL PERSONNEL must complete the following:

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Asthma Inhaler

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Epinephrine Auto-Injector

1. Name of medication \_\_\_\_\_
2. Date of Medication Order \_\_\_\_\_
3. Route and Dosage of Medication \_\_\_\_\_
4. Frequency and Time of Medication Administration or Assistance \_\_\_\_\_
5. Specific Recommendations for Administration (What type of symptoms would indicate need for medication) \_\_\_\_\_  
\_\_\_\_\_
6. Diagnosis and Any Other Medical Conditions Requiring Medications \_\_\_\_\_  
\_\_\_\_\_
7. Any special side effects, contraindications, and adverse reactions to be observed \_\_\_\_\_  
\_\_\_\_\_
8. 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 medication? \_\_\_\_\_  
\_\_\_\_\_
9. Name of each required medication \_\_\_\_\_

I hereby verify that \_\_\_\_\_ has a valid prescription and the knowledge and skills to safely use the following at PDLG Summer Camp:

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Asthma Inhaler

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Epinephrine Auto-Injector

\_\_\_\_\_  
Licensed Medical Personnel Signature

Date: \_\_\_\_\_ Print Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_