

Crossroads Christian Camp

33 Baldy Rd., Bradley, ME 04411
1-207-843-0682

CAMP POLICY FOR SELF-ADMINISTRATION OF EMERGENCY MEDICATION BY CAMPERS

Campers are permitted to have readily available (carry or possess outside the regular supervision of camp medical staff) and to self-administer emergency medication only where the following conditions are met:

- A. Any camper who self-administers emergency medication must have prior written approval of the camper's primary health care provider AND the camper's parent or guardian;
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication at camp; and
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of emergency medication at camp.

PHYSICIAN PERMISSION FORM

APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION

As the Primary Health Care Provider for (camper's name) _____, I order the carrying and self-administering, as medically necessary, of the following medications by the above named camper. (circle all that apply)

- a. Asthma Inhaler
Epinephrine Pen
- " Other _____

Further, I confirm that the above camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication at camp.

Primary Health Care Provider Signature

Date

Primary Health Care Provider Name (printed)

Phone Number

PARENT/GUARDIAN PERMISSION FORM

APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION

As the Parent/Guardian of (camper's name) _____, I approve him/her to have readily available (carry or possess outside the regular supervision of camp medical staff) and to self-administer, as medically necessary, the medications listed above.

Further, I confirm that my child has the knowledge and the skills to safely carry and self-administer the indicated emergency medication at camp.

Parent/Guardian signature

Date

Parent or guardian: If you want your child to be permitted to carry and to self-administer emergency medication, please return this form to Crossroads Christian Camp before or at registration.