



33 Wawenock Rd. Raymond, ME 04071
Tel. 207 655-4657 Fax 207 655-4662

PRIMARY CARE PHYSICIAN PERMISSION FORM
APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION

As the primary Health Care provider for _____, I order the carrying and self-administering, as medically necessary of the following medications by the above named camper:

(Circle all that apply or list other emergency self-medication device)

A. Asthma Inhaler

B. Epinephrine Pen

Further, I confirm that this camper has the knowledge and the skills to carry and safely self-administer the indicated emergency medication in camp.

Primary Healthcare Provider Signature

Date

Primary Healthcare Provider Name (please print)

PARENT PERMISSION FORM
USE OF SELF-ADMINISTERED EMERGENCY MEDICATION

As the parent or guardian of _____, I approve of my child carrying and self-administering, 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 above listed emergency medication in camp.

Parent or Guardian Signature

Date