

Authorization Form – Asthma Inhaler/EpiPen

In accordance with New Hampshire State regulations (see back of this sheet for full regulation), PAPA Camp requires that all campers who must possess and/or self-administer an **Asthma-Inhaler** or **EpiPen** must have a signed permission from the **child's parent AND a health care professional**. This form should be completed in addition to the enclosed green and pink medical forms.

PARENT SECTION

Child's Name: _____ **DOB:** _____ **Age at camp:** _____

Permission is granted to PAPA Camp at Camp Birchmont to allow my child to possess and use:

_____ **Asthma Inhaler** _____ **Epinephrine Auto-Injector**

Parent/Guardian Signature: _____ Date _____

Print Name: _____

LICENSED MEDICAL PERSONNEL MUST COMPLETE THIS SECTION

_____ **Asthma Inhaler** _____ **Epinephrine Auto-Injector**

Name of medication: _____ Date of medication order: _____

1. Route and dosage of medication: _____

2. Specific recommendations for administration (list symptoms that would indicate need for medication):

3. Frequency and time of medication administration or assistance: _____

4. Any special side effects, contraindications and adverse reactions to be observed _____

5. List any severe adverse reactions that may occur should another child, for whom the epinephrine auto-injector is not prescribed, receive a dose of medication _____

I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following at PAPA Camp: _____ **Asthma Inhaler** _____ **Epinephrine Auto-Injector**

Licensed Medical Personnel Signature _____ Date _____

Print Name _____ Business Phone _____ Emergency Phone _____

If any of these criteria are not met, PAPA Camp will not allow your child to carry or possess an asthma inhaler and/or EpiPen. If you or your child's Health Care Professional has any questions, please contact us. Lindsey Nelson (603) 433 – 4793 ext. 125

NH STATE REGULATIONS

Pertaining to a child's possession of Epinephrine Auto-Injectors and Asthma Inhalers at recreation camps.

RSA 485-A:25-b Possession and Use of Epinephrine Auto-Injectors at Recreation Camps.

A recreation camp shall permit a child with severe, potentially life-threatening allergies to possess and use an epinephrine auto-injector, if the following conditions are satisfied:

I. The child has the written approval of the child's physician and the written approval of the parent or guardian. The camp shall obtain the following information from the child's physician:

- (a) The child's name.
- (b) The name and signature of the licensed prescriber and business and emergency numbers.
- (c) The name, route, and dosage of medication.
- (d) The frequency and time of medication administration or assistance.
- (e) The date of the order.
- (f) A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or if not contrary to the request of the parent or guardian to keep confidential.
- (g) Specific recommendations for administration.
- (h) Any special side effects, contraindications, and adverse reactions to be observed.
- (i) The name of each required medication
- (j) Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector is not prescribed, should such a pupil receive a dose of the medication.

II. The recreational camp administrator or, if a nurse is assigned to the camp, the nurse shall receive copies of the written approvals required by paragraph I.

III. The child's parent or guardian shall submit written verification from the physician confirming that the child has the knowledge and skills to safely possess and use an epinephrine auto-injector in a camp setting.

IV. If the conditions provided in this section are satisfied, the child may possess and use the epinephrine auto-injector at the camp or at any camp-sponsored activity, event, or program.

V. In this section, "physician" means any physician or health practitioner with the authority to write prescriptions.

RSA 485-A:25-f Possession and Use of Asthma Inhalers at Recreation Camps.

A recreation camp shall permit a child to possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms, if the following conditions are satisfied:

I. The child has the written approval of the child's physician and the written approval of the parent or guardian. The camp shall obtain the following information from the child's physician:

- (a) The child's name.
- (b) The name and signature of the licensed prescriber and business and emergency numbers.
- (c) The name, route, and dosage of medication.
- (d) The frequency and time of medication administration or assistance.
- (e) The date of the order.
- (f) A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or if not contrary to the request of the parent or guardian to keep confidential.
- (g) Specific recommendations for administration.
- (h) Any special side effects, contraindications, and adverse reactions to be observed.
- (i) The name of each required medication.
- (j) At least one emergency telephone number for contacting the parent or guardian.

II. The recreational camp administrator or, if a nurse is assigned to the camp, the nurse shall receive copies of the written approvals required by paragraph I.

III. The child's parent or guardian shall submit written verification from the physician confirming that the child has the knowledge and skills to safely possess and use an asthma inhaler in a camp setting.

IV. If the conditions provided in this section are satisfied, the child may possess and use the inhaler at the camp or at any camp sponsored activity, event, or program.

V. In this section, "physician" includes any physician or health practitioner with the authority to write prescriptions.