



**EPI-PEN \* INHALER Form**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Dates Attending Camp** \_\_\_\_\_

<p>For child with prescribed INHALERS Location of prescribed Inhaler _____</p> <p>_____ I request my child's inhaler (s) Medication Name: _____ be kept on my child's person at all times while at camp.</p> <p>_____ I request my child's inhaler (s) Medication Name: _____ be kept with GreenApple staff at all times while at camp.</p>	<p>For child with prescribed EPI-PENS Location of prescribed Epi-pen or Epi-pen Jr. _____</p> <p>_____ I request my child's Epi-pen or Epi-pen Jr. Medication Name: _____ be kept on my child's person at all times while at camp.</p> <p>_____ I request my child's Epi-pen or Epi-pen Jr. Medication Name: _____ be kept with GreenApple staff at all times while at camp.</p>
<p>Person who can administer INHALER _____</p> <p>_____ I request that my child (s) inhaler (s) Medication Name: _____ Be administered by GreenApple staff.</p> <p>_____ I request that my child's inhaler (s) Medication Name: _____ Be self administered by my child.</p>	<p>Person who can administer EPI-PEN _____</p> <p>_____ I request that my child Epi-pen or Epi-pen Jr. Medication Name: _____ Be administered by GreenApple staff.</p> <p>_____ I request that my child's Epi-pen or Epi-pen Jr. Medication Name: _____ Be self administered by my child.</p>
<p><b>Important:</b> Please read the following if your child is capable of self-administration of inhaler or Epi-pen. If I request that my child's inhaler or Epi-pen be self-administered by my child then <b>I certify that my child is capable of proper self-administration of medication and understand that my child's physician has given consent for my child to self-administer this medication.</b> I understand that if my child is using this medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be removed from the GreenApple program and a parent will be called. I understand that GreenApple is not responsible for replacement of this medication if lost, stolen or improperly discharged. If this medication requires replacement for any reason, I agree to bring such replacement to GreenApple program location immediately.</p>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Program Director Initials: \_\_\_\_\_ Site Director Initials: \_\_\_\_\_