

Due to changes in Maine State Law, Legislative Document No. 1972, regarding camper possession and use of Asthma Inhalers and/or Epinephrine Auto-Injectors, this form must be completed.

To be completed by the Individual or Parent/Guardian if under 18 (please print clearly)

First Name _____ Last Name _____ MI _____

Date of Birth (mm/dd/yyyy) ____/____/____ Troop Unit # _____ or Pack Unit # _____

By signing, permission is granted to allow possession of and use of an Asthma Inhaler Epinephrine Auto-Injector

Individual Signature _____ Date (mm/dd/yyyy) ____/____/____

Parent/Guardian Signature (if under 18) _____ Date (mm/dd/yyyy) ____/____/____

Parent/Guardian Name (please print clearly) _____ Phone (_____) _____

To be completed by a Licensed Medical Professional (please print clearly)

Date of order (mm/dd/yyyy) ____/____/____

Name of medication _____

Route and Dosage _____ Frequency _____

Diagnosis requiring medication? _____

Other medical conditions? _____

Does camper need assistance with administration of medication? Yes No

If Yes, please explain _____

What type of symptoms would indicate need for administration of this medication? _____

List any special side effects, contra-indications and/or adverse reactions to be observed if the medication is administered _____

List any adverse reactions that may occur to another child, for whom the above medication is not prescribed, should he/she receive a dose of the medication _____

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

Physician's Signature _____

Physician's Name (please print clearly) _____

Business Phone (_____) _____ Emergency Phone (_____) _____