

PERMISSION-TO-CARRY FORM (ASTHMA INHALER & EPI PEN, DIABETIC SUPPLIES/MED)
Please return this form completed with Medical Form (if applicable).

Camper Name: _____	Birthdate: _____	
Permission is granted to Maine Teen Camp to allow my son/daughter to possess and use:		
Asthma Inhaler _____	Epinephrine Auto-Injector _____	Diabetic Med/Supplies _____
Parent/Guardian Signature: _____		
PRINT Parent/Guardian Name: _____		Date: _____

Licensed Medical Personnel MUST complete the following:

Applies to: Asthma Inhaler _____ Epinephrine Auto-Injector _____ Diabetic Med/Supplies _____

1. Name of Medication: _____
2. Date of Medication Order: _____
3. Route and Dosage of Medication: _____
4. Frequency and Time of Medication Administration and/or Glucose Testing: _____

5. Specific Recommendations for Administration of Medication _____
6. Diagnosis and Other Medical Conditions Requiring Medications _____
7. Any Side Effects/Adverse Reactions to be Observed _____

I hereby verify that _____ has a valid prescription and the knowledge and skills to safely possess and use the following at Maine Teen Camp:
_____ Asthma Inhaler _____ Epinephrine Auto-Injector _____ Glucometer _____ Insulin Injection

Licensed Medical Personnel Signature: _____

Date: _____

PLEASE PRINT

Name of Licensed Medical Personnel: _____

Business Phone: _____

Address: _____

If any of these criteria are not met, Maine Teen Camp cannot allow your son/daughter to carry (or store in cabin) his/her asthma inhaler, epi-pen, or diabetic supplies as per state law. Please contact Maine Teen Camp with any questions regarding this policy. 207-625-8581