



CONTRACT FOR CAMPER TO SELF-CARRY EPI-PEN/INHALER

CAMPER

- I plan to keep my Epi-Pen/Asthma Inhaler with me at camp rather than in the camp first aid kit.
- I agree to use my Epi-Pen/Asthma Inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify my counselor immediately if my Epi-Pen/Asthma Inhaler has been used.
- I will not allow any other person to use my Epi-Pen/Asthma Inhaler.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN

- This contract is in effect for the current camp season unless revoked by the physician or the student fails to meet the above safety contingencies.
- The Beverly Recreation Department and its employees are not liable for an injury arising from a student's possession and self-administration of the Epinephrine/Albuterol medication.
- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Epi-Pen/Asthma Inhaler be provided to the Medical Director for emergencies.
- I will review the status of the student's allergy with the physician on a regular basis as agreed in the treatment plan.

I **DO** want my child to self-carry  I **DO NOT** want my child to self-carry

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL DIRECTOR

- The above camper has demonstrated correct technique for Epi-Pen/Asthma Inhaler use, and an understanding of the physician's order for emergency use of the Epi-Pen/Asthma Inhaler.
- Adventure Camp Staff that needs to know about the student's condition and the need to carry medication has been notified.

Medical Director's Signature \_\_\_\_\_ Date \_\_\_\_\_