

# Nichols Day Camp

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## CAMP POLICY FOR SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS BY CAMPERS

Campers are permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and to self-administer emergency medications only where the following conditions are met:

- A. Any camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian;
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp; and
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of emergency medication in camp.

## PHYSICIAN PERMISSION FORM

### APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION

As the primary health care provider for (camper's name)

\_\_\_\_\_, I order the Carrying and self-administering, as medically necessary of the following medications by the above named camper:  
(Circle all that apply or list other emergency self-medication device.)

Asthma Inhaler

Epinephrine Pen

Diabetic Supplies

Further, I confirm that this camper has the knowledge and the skills to carry and safely self-administer the indicated emergency medication in camp.

\_\_\_\_\_  
Primary Healthcare Provider Signature

\_\_\_\_\_  
Date

## PARENT PERMISSION FORM

### USE OF SELF-ADMINISTERED EMERGENCY MEDICATION

As the parent or guardian of (camper's name) \_\_\_\_\_ I approve of the carrying and Self-administering, as medically necessary of the medications listed above by my child. Further, I confirm that my child has the knowledge and the skills to safely carry and self-administer the above listed Emergency medication in camp.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date