

To Parent/Guardians of Children who Carry, Possess or Use Inhalers or Epi-pens:

Camper Name _____

■ **Inhalers and epi-pens** are exceptions to rules that limit carrying or self-administration of medication. Precautions must be taken, though, and the State of Maine has established procedures regarding access to emergency meds by campers diagnosed **at risk for asthmatic attacks or allergic reactions**. Please note these legal requirements:

- 1- A camper who self-administers emergency meds must have prior written approval of the camper's primary health care provider and the camper's parent or guardian;
- 2- The camper's parent -guardian must submit written verification from the camper's primary health care provider confirming the camper has the knowledge and skills to safely self-administer the emergency medication in camp;
- 3- The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- 4- The emergency medication must be readily available to the camper.

If you want your child to carry or possess outside of regular supervision of HVC's health staff or to self-administer an inhaler, epi-pen or other emergency medication, **the 2 statements below must be signed** and this page returned to the camp office (address or fax number below). When your child arrives here, our health staff will evaluate his or her self-administration technique to ensure proper, effective independent use in the camp setting.

As you know, all other meds (including vitamins and over-the-counter such as Tylenol) are kept in our Health Lodge; nurses provide regular supervision of these and all prescription meds. **Please return this page by May 1**, and of course call or email with any concerns. Thanks in advance for your assistance.

~ *Meg & Peter and the HVC Nurses*

■ Health Care Provider • Self-Administered Emergency Medication Approval

As the primary health care provider for the above-named child during his/her time at camp, he/she is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary: (Check or describe emergency self-medication device.)

___ Asthma Inhaler ___ Epinephrine Pen ___ Other (please list) _____

I have read the Maine State requirements (#'s 1-4 above), and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Signature of Primary Health Care Provider

Date

■ Parent/Guardian • Self-Administered Emergency Medication Approval

As the parent-guardian of the above-named child during his/her time at camp, he/she is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary: (Check or describe emergency self-medication device.)

___ Asthma Inhaler ___ Epinephrine Pen ___ Other (please list) _____

I have read the Maine State requirements (#'s 1-4 above), and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Signature of Parent-Guardian

Date

■ **Please return to Hidden Valley:** Mail: 161 Hidden Valley Rd., Freedom, ME 04941
Email: summer@hiddenvalleycamp.com • Fax: 207-342-5685 • Phone if needed: 800-922-6737

