

PARENT PERMISSION FORM

APPROVAL FOR SELF-ADMINISTERED MEDICATION

As the parent or guardian _____,
Camper Name

I give permission for the above listed camper to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary, the following specific medications and devices: (Circle all that apply)

- a. Asthma Inhaler
- b. Epinephrine Pen
- c. Fingertick glucose monitoring equipment
- d. Insulin and injection syringes
- e. Insulin pump

I confirm that the camper has the knowledge and the skills to have readily available and to safely self-administer the above medication/devices in camp, and will be bringing all necessary medications and supplies with them to camp.

Parent or Guardian signature

Date