

**Camp Bishopswood Emergency Medication Form**

**Please fill out option A or B**

**\*Please note.** The state of Maine **requires, from your child's primary care provider, both** an order for the emergency medication and a note stating your child is trained and capable of self-administration in order for your child to self-administer emergency medications at camp. Unless we have both, these medications must be kept in the Great Hall medication closet.

A.

I have read and understand Camp Bishopswood's Emergency Medication Policy.

I **give permission** for my child, \_\_\_\_\_ to carry his/her emergency medication(s) (such as rescue inhaler, Epi-pen, etc.) on his/her person to all camp activities, in the provided fanny pack or his/her personal pack at all times. I understand that it will be my child's responsibility to make sure he/she has the medication with him/her at all times. My child is trained to self-administer his/her medication and may self-administer the medication if needed. (Camp staff are Epi-pen trained and will assist if needed.) I further understand **that if my child is determined to be handling such medication irresponsibly or inappropriately by camp staff, the medication will be kept in the Great Hall medication closet** and will be readily available but may not be immediately available by reason of distance. (My child understands that all use of emergency medications must be reported to a staff member and recorded. Additionally, emergency responder will be summoned if Epi-pen/Epi-pen Jr. is administered. )

My child **is** trained to self-administer his/her medication and **may** self-administer under the direct supervision of a staff member. I understand that should my child be unable to self-administer, assistance will be provided by supervising staff.

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

Witness \_\_\_\_\_ date \_\_\_\_\_

B.

I have read and understand Camp Bishopswood's Emergency Medication Policy.

I **do not give permission** for my child, \_\_\_\_\_ to carry his/her emergency medication (such as rescue inhaler, Epi-pen, etc.) on his/her person to all camp activities. I understand that my child's emergency medication will be kept in the Great Hall medication closet and will be readily available but may not be immediately available by reason of distance.

**Please circle appropriate options below**

1. My child **is** trained to self-administer his/her medication and **may** self-administer under the direct supervision of a staff member. I understand that should my child be unable to self-administer, assistance will be provided by supervising staff. (All use of emergency medications will be monitored and recorded. Additionally, emergency responder will be summoned if Epi-pen/Epi-pen Jr. is administered. )

2. My child **requires** staff assistance to administer emergency medication. (All use of emergency medications will be monitored and recorded. Additionally, emergency responder will be summoned if Epi-pen/Epi-pen Jr. is administered. )

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

Witness \_\_\_\_\_ date \_\_\_\_\_