

**CAMP POLICY FOR SELF ADMINISTRATION
OF EMERGENCY MEDICATIONS
BY CAMPERS**

By State law since 2006, 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 but 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 the emergency medication in camp.

If you and your primary physician determine it necessary to permit your camper to self-administer the use of an epi-pen or asthma inhaler, please contact the camp office and request an **Emergency Medications Form** or **take it off the web under FORMS in the PARENT SECTION**. The form must be reviewed and signed by both the parent/guardian and the primary health care provider.

The Wyonegonic Health Center has epi-pens in their supplies for any campers and staff in need. The camp health center also stores asthma inhalers for campers and staff that bring inhalers to camp.

The self-administration approval form is for highly at-risk individuals who need to carry emergency medication at all times and therefore not necessary for most campers and staff.

If you have any questions about whether this policy applies to your camper, please call the camp office.

WYONEGONIC CAMPS

215 Wyonegonic Camps
Denmark, ME 04022

PERMISSION FORM

Health Provider

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.)

- a. Asthma Inhaler
- b. Epinephrine Pen

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

PERMISSION FORM

Parent/Guardian

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