

Horton Center Camper Health History FORM 3

For children (minors) required to carry Epi-pens, inhalers or other emergency medication. All others may disregard this form. Mail this form with Health History Forms 1 & 2



Mail two weeks prior to the start of event along with form 1 & 2 to:
Horton Center Health Form
PO Box J
Gorham, NH 03581

Camper Name: _____ **DOB** _____

The State of New Hampshire has passed a law that affects all minor campers who are medically required to carry at all times and to self-administer emergency medication while at camp. These are campers who have been diagnosed to be at risk for a potential medical crisis such as asthmatic attacks or allergic reactions. The medications include, but are not limited to, an asthma inhaler or an epinephrine (epi) pen.

PERMISSION FORM: Approval for carrying self administered medication

FOR THE PHYSICIAN:

As the primary health care provider for _____, 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

FOR THE PARENT OR LEGAL 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 Legal Guardian signature

Date