



MEDICAL PERMISSION FORM – EPIPEN/INHALER

_____ is allergic to or has a severe reaction to _____ in such a way that may create serious medical concern. The child is under the care of a physician or other medical provider who has (1) prescribed the use of an EpiPen for the purposes of administering a pre-measured injection of Epinephrine; and (2) provided him/her with proper instruction in the use of the EpiPen. We authorize faculty and staff at EHSC@SPORTIME to assist our child with the administration of an EpiPen and/or Inhaler in the event that such medical assistance is necessary.

Have you used the EpiPen with your child in a medical situation?

YES NO

Can your child self-administer an EpiPen and or inhaler?

YES NO

Do you want your child to carry his/her EpiPen and/or Inhaler at all times? (Inside their camp bag that will be specially marked and kept in the shade or indoors)

YES NO

Would you prefer that your child's EpiPen and/or inhaler are stored in the camp office?

YES NO

** Please note that we are happy to keep a second EpiPen or Inhaler in the camp office. Please contact our Camp Administrator Kim Donohue at (631) 267-2267 or kdonohue@sportimeny.com.*

Camper's Name (please print)

Parent's Signature: _____ *Date:* _____