

Wolfe's Neck Farm

Self-Administration of Emergency Medication Form

Parent(s)/Guardian(s) Please:

1. Review and complete this form with your child's health-care provider.
2. Return the completed and signed (by both you and your child's health-care provider) form at least 21 days prior to your camper's first day of camp.

Summary of Maine Law on Self Administration of Emergency Medications: "Recreational camps for children; emergency medication. A recreational camp for boys or girls must have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhaler or an epinephrine pen. The written policy must include the following requirements:

- A. A 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;
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper."

The full statute may be viewed at: <http://janus.state.me.us/legis/statutes/22/title22sec2496.html>

For _____ during his/her time at camp, the listed camper is
Name of Individual

permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary:

- a. Asthma Inhaler
- b. Epinephrine Pen
- c. Diphenhydramine (e.g. Benadryl)
- d. _____

(Circle all that apply or list other emergency medication device.)

I have read the State of Maine Law above, and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Primary Healthcare Provider signature

Date

Parent or Guardian signature

Date

FOR WNF STAFF ONLY – TECHNIQUES OF SELF-ADMINISTRATION

Camper understands the following:

How and when to effectively administer the emergency medication as prescribed and intended by their primary care physician. Yes: _____ No: _____

The medication is intended only for themselves and not for the use of any other campers. Yes: _____ No: _____

The emergency medication is to be kept close to them at all times. Yes: _____ No: _____

Camper signature

Date

Camp Staff signature

Date