There has been a change in the New Hampshire State Law regarding camper possession and use of Asthma Inhalers and/or Epinephrine Auto-Injectors. In order to permit this at our camp we need the following information from you:

To be completed and signed by your physician. This confirms the physician's understanding that the child has the necessary knowledge and skills to safely possess and use an asthma inhaler or EpiPen in a camp setting.

| | Emergency Contact Number(s) | |
|--|--|--|
| | Parent Signature | Date |
| setting. The camp and its e related to a child's use of a met. The sole exception is i | nd skills to safely possess and use an asthma in oyees are not liable in a suit for damages as a haler of epinephrine auto-injector if the provimages were caused by willful or wanton condessession and self-administration of the asthma | result of any act or omission isions of the law have been uct or disregard of the inhaler of the epinephrine |
| | | |
| Name, Date, and Signature of Licensed Prescriber. Include business and emergency numbers. | | |
| Potential severe reactions to another child for whom the epinephrine auto-injector or inhaler is not prescribed (should such a camper receive a dose of the medication) | | |
| Special recommendations: Include side effects, possible adverse reactions and/ or contraindications | | |
| Name, Route, Dosage of Medication: Include frequency and time of administration | | |
| Diagnosis/Medical condition requiring medication (Confidentiality guaranteed) | | |
| Camper's Name | | |