2016 TIER ONE TRAINING CAMP MEDICATION FORM

Camper Name: _____ Camper Cell Phone: _____

is 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:

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

a. Asthma Inhaler

b. Epinephrine Pen

c. Other Medication _____ Dosage: _____

d. Other Medication _____ Dosage: _____

e. Other Medication _____ Dosage: _____

f. Other Medication _____ Dosage: _____

g. Other Medication _____ Dosage: _____

.

_____

Parent Signature Date

_____

Camper Signature Date

_____

Trainer Signature Date

BRING TO CAMP and SUMBIT to TRAINER at CHECK-IN