

# Asthma or Airway Constricting Medication Self-Administration Consent Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Camper's Name (Last, First, Middle)      Date of Birth      Camp Name      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's Date

In order for a camper to self-administer medication for asthma or any airway constricting disease:

- Parent/Guardian provides signed, dated authorization for camper medication self-administration.
- The medication is in the original, labeled, container as dispensed or the manufacturer's labeled container containing the camper's name, name of the medication, directions for use, and date.
- Medication is not outdated.
- The parent or guardian of the camper signs a statement acknowledging that the camp and its employees are to incur no liability, except for gross negligence, as a result of injury arising from self-administration of medication by the camper.
- The parent or guardian of the camper and the camper check in with the nurse during camp registration.

Provided the above requirements are fulfilled, a camper with asthma or other airway constricting disease may possess and use the camper's medication while at camp, under the supervision of camp personnel.

\_\_\_\_\_  
Medication      Dosage      Route      Time

Administration/Instructions

Special Circumstances

Prescriber's Name

Prescriber's Address

Prescriber's Phone

- I request the above named camper possess and self-administer the above named asthma or other airway constricting disease medication(s) while at camp, according to the instructions specified on the medication container or label.
- I understand the camp and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a camper's self-administration of medication.
- I agree to coordinate and work with camp personnel when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from camp and to pick up remaining medication and equipment.
- I give permission to provide necessary information concerning my camper's asthma needs to camp personnel.
- I agree to provide the camp with back-up medication approved in this form, if necessary.

\_\_\_\_\_  
Parent/Guardian Signature (I agree to above statement)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

Self-Administration Authorization Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_