

TO: Parents of children medically required to carry at all times epi pens, inhalers or other emergency medication and to self-administer such medication

RE: State of Maine law regulating carrying and self- administering emergency medications by children

This form is NOT necessary for those campers who are not medically required to carry at all times and to self-administer emergency medications (such as epi pens and inhalers). As always our health staff will provide regular supervision of prescription medications and all medical needs for campers.

The State of Maine has passed a law that affects all campers who are medically required to carry at all times and to self-administer emergency medication while at camp. These are campers who have been diagnosed to be at risk for a potential medical crisis such as asthmatic attacks or allergic reactions. The medications include, but are not limited to, an asthma inhaler or an epinephrine (epi) pen.

The law establishes procedures that camps must follow to permit camper to carry and self-administer emergency medications. To comply with this Law, all Maine camps are required to have a written policy providing that campers may carry and self-administer emergency medications provided the following conditions are met.

- A. Any camper who needs to carry and 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 selfadminister the emergency medication in camp;

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C. The camp health staff must evaluate the camper's technique when they arrive at camp to ensure proper and effective use of the emergency medication in camp.

By completing the following form, you and your campers' primary physician will need to grant approval below. This form should be submitted by June 1st. As always, please contact us with any questions or concerns.

## Approval for carrying and self-administering emergency medication:

As the primary health care provider for (camper name)\_\_\_\_\_\_ I order the carrying and self-administering, as medically necessary of the following medications by the above-named camper: (Circle all that apply or list other emergency self-medication device.)

a) Asthma Inhaler b) Epinephrine Pen c) Other\_\_\_\_\_

Further, I confirm that this camper has the knowledge and the skills to carry and safely self-administer the indicated emergency medication in camp.

Primary Healthcare Provider (signature)

Date

## Parent approval for use of self-administered emergency medication

Parent/Guardian (signature)

Date

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