

**AYCC Childcare & Camps**

Phone: 207-873-0684

SEP: Rich Candido childcare@clubaycc.org

Camp Tracy: Pat Kearns camps@clubaycc.org



# Epi Pen & Inhaler Permission Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

DOB \_\_\_\_\_ Which medication will your child need? Epi Pen \_\_\_\_ Inhaler \_\_\_\_

My child has permission to carry his/her Epinephrine Auto-Injector and/or Asthma Inhaler while in attendance of an AYCC childcare/camp.

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

A Licensed Medical Professional must complete the bottom of this form; OR  
A copy of a recent Asthma Action Plan or Anaphylaxis Emergency Care Plan should  
be submitted to the Childcare/Camp Director

Name of Medication \_\_\_\_\_

Date of Medication Order \_\_\_\_\_ Rate &amp; Dosage Info \_\_\_\_\_

Frequency &amp; Time of Medication Administration/Assistance \_\_\_\_\_

Specific recommendations for administration (what type of symptoms would indicate the need for medication. \_\_\_\_\_

Diagnosis and any other medical conditions requiring medication. \_\_\_\_\_

Any special side effects, contraindications, or adverse reactions to be observed? \_\_\_\_\_

I hereby verify that \_\_\_\_\_ has a valid prescription and the knowledge and skills to safely possess and use the medication listed above while in the care of the AYCC.

Physicians Office \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_