



## Inhaler Authorization Form

### Part 1: To be completed by the Parent or Guardian

Name of Camp: **"Monadnock Christian Ministries"**

Child's Name: \_\_\_\_\_

Camper's D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_      Biological Sex: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Telephone (business): \_\_\_\_\_

Telephone (emergency): \_\_\_\_\_

*"I request that my child be assisted in taking the medicine(s) described below at camp by authorized persons or permitted to medicate her/himself as also authorized by me and my physician."*

Parent's Name (print): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_



**Part 2: To be completed by the Physician**

Diagnosis: \_\_\_\_\_

Date of Order: \_\_\_\_\_

If Medicine is to be given when needed, describe indications:

List significant side effects/adverse reactions:

Medication(s):

Form:

Route:

Dose:

Time interval for repeating dosage:

List any severe adverse reactions that may occur to another child, for whom the Inhaler is not prescribed, should such an individual receive a dose of the medication:

\_\_\_ I believe this individual has received adequate information on how and when to use an Inhaler, and that he/she can use it properly.

Please Specify Their Name:

\_\_\_ I believe the name individual is to carry an Inhaler during their stay at summer camp (an additional Inhaler is to be kept in the camp health center during their stay)

**-OR-**

\_\_\_ The Inhaler will be kept in the camp health center or other appropriate location

Other Information: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_