

**CAMP CUHECA**  
At Waterford Country School

Authorization for Camper to Possess and Use  
Inhalers and Epinephrine Auto-Injectors

CT Law requires the following information to be given to camp personnel in order for campers to possess and use Inhalers and/or Epinephrine Auto-Injectors in the camp setting.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Route: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

Any special side effects, contraindications and adverse reactions to be observed in camper: \_\_\_\_\_

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

Diagnosis and any other medical condition requiring medication: \_\_\_\_\_

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

Specific recommendations for administration: \_\_\_\_\_

Other medications child is required to take: \_\_\_\_\_

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

Physician's Name (please print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Camper has the knowledge and skills to safely possess and use:

**(Circle One)            Asthma Inhaler            Epinephrine Auto Injector**

in a camp setting.

Physician's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_