UNIVERSITY OF NEW HAMPSHIRE YOUTH PROGRAMS
PERMISSION TO POSSESS AND USE
EPINEPHRINE AUTO-INJECTOR/ASTHMA INHALER

Participant Name ____

UNH Youth Program(s) Attending ____

NH RSA 485-A:25-b & f requires the following information in order to allow a child to possess and use an Epi-pen and/or Asthma Inhaler.

Healthcare Provider Name: ______________________ Name of Practice: ________________

Healthcare Provider Phone #: ______________________

Name of medication(s): ____

Route and dosage of medication: ____

Symptoms/Reasons medication should be administered: ______________________________

Specific recommendations for administration: ______________________________

Specific recommendations for follow up care: ______________________________

Any side effects, contraindications, and adverse reactions to be observed:

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As the child's healthcare provider, I attest to one of the following:

☐ I give permission for this child to possess and use the medication identified and that the child has the knowledge and skills to safely possess and use the medication.

☐ The child cannot self-administer the medication identified. It will need to be carried and administered by a program staff member.

______EPINEPHRINEAUTO-INJECTOR ______ASTHMA INHALER

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Healthcare Provider Signature Date

As the child's parent, I give permission for this child to possess and use the identified medication above. Or, I agree that the medication needs to be carried and administered by a program staff member. For Epi-pen medications, I also understand that immediately after self-administering such medication, my child will report its use to the camp/program director or other employee to provide appropriate follow up care as applicable.

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Parent/Guardian Signature Date

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Parent/Guardian Printed Name Phone #

10/18

This completed form must be returned at least two weeks prior to the start date to:
Cathy Leach, UNH Summer Youth Programs: cathy.leach@unh.edu
Thompson Hall 207; 105 Main St., Durham, NH 03824