

### Important Notice Regarding State of Maine Law on Carrying and Self-Administering Emergency Medications at Camp

The State of Maine has passed a law that affects all campers who are medically required to carry and self-administer emergency medication while at camp. This applies to children diagnosed to be at risk for medical crises such as asthmatic attacks or severe allergic reactions. The medications include, but are not limited to, asthma inhalers and epinephrine (epi) pens.

Please note: These forms are not necessary for campers who are not medically required to carry and self-administer emergency medications. Our health staff will continue to supervise regular prescription medications and attend to all medical needs of campers.

#### **Compliance with State Law**

To comply with the new law, all Maine camps are required to have a written policy that allows campers to carry and self-administer emergency medications if the following conditions are met:

#### 1. Written Approval:

The camper's primary health care provider and parent/guardian must provide prior written approval for the camper to carry and self-administer the medication.

#### 2. Verification of Competency:

The parent/guardian must submit written verification from the camper's primary health care provider confirming that the camper has the knowledge and ability to safely self-administer the emergency medication.

#### 3. Evaluation at Camp:

Upon arrival at camp, the camp health staff will evaluate the camper's technique to ensure proper and effective use of the emergency medication.

**Next steps:** If you would like your camper to carry and self-administer their emergency medication, please follow these steps:

- 1. You and your camper's primary healthcare provider must complete the permission forms on the following page.
- 2. Once both signatures are obtained, upload the completed form to your child's CampDoc application.

Birth Date

Healthcare Provider

# **Permission Form | Physician**

### APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION

To be completed by child's primary healthcare provider:

As the primary healthcare provider for \_\_\_\_\_\_ (child's name), I authorize the above-named camper to carry and self-administer the following medications as medically necessary: *(Circle all that apply or list other emergency self-medication devices.)* 

- A. Asthma Inhaler
- B. Epinephrin (EpiPen)

Additionally, I confirm that this camper has the necessary knowledge and skills to carry and safely self-administer the indicated emergency medication while at camp.

Name of Doctor

Signature

Date

# **Permission Form | Family**

## USE OF SELF-ADMINISTERED EMERGENCY MEDICATION

To be completed by child's parent or guardian:

As the parent or guardian of (camper's name)	, I approve of my child carrying and self-
administering the medications listed above, as medically necessary.	

Additionally, I confirm that my child has the knowledge and skills to safely carry and self-administer the specified emergency medication while at camp.

Name

Signature

Date

All forms should be in by July 31st and should be uploaded to your CampDoc digital application or mailed to:

The Kita Center PO Box 238 North Berwick, ME 03906 info@campkita.com