

Summer 2008

Dear Swift Water Camp Families:

We are looking forward to your daughter joining us at camp this summer! In addition to ensuring your daughter has a fun-filled camp experience, we are concerned about her health and safety.

Please read this letter carefully if your daughter will be bringing an inhaler or epi-pen with her to camp. We have traditionally encouraged families to send two inhalers/epi-pens to camp so that one could be kept with the nurse and the other with the camper. Due to new NH state regulations, your options as a parent/guardian are as follows:

1. The inhaler and/or epi-pen will be kept locked in the camp's health care center and be available for use as staff can access it.

OR

2. The inhaler and/or epi-pen can be kept in the possession of your child. However, in order to comply with recent State of NH legislation, the attached permission slip **MUST** be signed by you and your child's physician (in this context "physician" means any physician or health practitioner with the authority to write prescriptions) in order for your child to keep an inhaler/epi-pen in her possession while at camp. Please bring this signed form with you on the first day of camp. Without the signed permission slip on file at camp, your child cannot keep such medication in her possession and it will be locked in the health care center.

Campers who possess an inhaler and/or epi-pen are expected to report all medication usage to the nurse or another camp employee to enable the nurse or camp employee to provide appropriate follow-up care. We recommend that a second epi-pen or inhaler be brought to camp and stored in the health care center as a back up to the one your child keeps in her possession.

Camp staff will be aware of campers who are authorized to keep epi-pens and/or inhalers in their possession. Our staff will check-in with campers when appropriate, such as before leaving on a trip, but please recognize that your child carries the ultimate responsibility for keeping her medication on hand. Please carefully consider your child's maturity and well-being when deciding how you'd like her medication stored.

Thank you for your time and attention to this matter. If you should have any questions, please contact me at
1-800-654-1270, ext. 122 or sbrown@swgirlscouts.org

Sincerely,

Sarah Brown
Operational Vice President of Program Services

**PERMISSION TO POSSESS AND USE
EPINEPHRINE AUTO-INJECTOR AND/OR ASTHMA INHALER**

AT GIRL SCOUTS OF SWIFT WATER COUNCIL CAMPS, 2008
PLEASE BRING THIS COMPLETED FORM TO CAMP ON THE FIRST DAY

DO NOT SEND

_____ (name of camper) is attending a Swift Water Girl Scout camp this summer. As her parent/guardian, I would like my daughter to keep her inhaler/epi-pen in her possession while at camp. I understand that her physician must sign this form and I must ensure that the following information is on file at the camp in the camper's health form or will be provided on the original label of prescription medication brought to camp:

1. The child's name.
2. The name and signature of the licensed prescriber and business and emergency numbers.
3. The name, route, and dosage of medication.
4. The frequency and time of medication administration or assistance.
5. The date of the order.
6. A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or if not contrary to the request of the parent or guardian to keep confidential.
7. Specific recommendations for administration.
8. Any special side effects, contraindications, and adverse reactions to be observed.
9. The name of each required medication.
10. Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector/inhaler is not prescribed, should such a camper receive a dose of the medication.

As the child's physician, I confirm that the child has the knowledge and skills to safely possess and use (please identify which medication):

_____ an epinephrine auto-injector
_____ an asthma inhaler

Physician's Signature: _____ **Date:** _____

Physician's Printed Name: _____

Address: _____

Physician's phone #: _____ Emergency phone #: _____

Parent/Guardian Signature: _____