2025 Season Program/Session: _____

American Youth Foundation
Miniwanca | 231-861-2262 (phone) • 231-861-5244 (fax)
Merrowvista | 603-539-6607 (phone) • 603-539-7504 (fax)
www.ayf.com

AYF – Permission to Possess and Use Emergency Medications

Must be signed by a Licensed Healthcare Provider and Guardian

Licensed Healthcare Provider: Please complete this form if the participant is prescribed a rescue inhaler, EpiPen, or other emergency medication that they will be bringing to camp. In addition to this form, the participant must provide an extra medication dose/device to be kept at the Health Center for back up and/or emergencies.

Name of Participant: _____ **Date of Birth:** _____

Diagnosis requiring Emergency Medication: _____

Other Medical Conditions: _____

Medication Order

Medication Name:_____ Date of Medication Order: _____
Route and Dose: _____
Frequency/Time: _____

1. Does the participant need assistance with administration? ☐ No ☐ Yes If yes, please describe:

2. Specific recommendations for administration (list symptoms that would indicate need for medication):

3. List side effects, contraindications and or adverse reactions to be observed if the medication is administered:

4. Provide recommendations for care after medication is administered (ie: Health Team observation? How long? Return to activity after _____ amount of time):

5. Action plan is attached: ☐ Yes ☐ No

As this participant's provider, I give permission for this participant to possess and use the above medication. This participant has the knowledge and skills to safely possess and use the medication in a camp setting during AYF Camps and NLC programs.

Licensed Provider Signature (Required) _____ Date:_____
Licensed Provider Name (printed):_____
Office Address:_____ Telephone: (____)_____

Parent/Guardian Section

I will provide a second dose of this medication to be kept at the Health Center for emergencies.

As the legal guardian of the above listed child, I grant permission to the American Youth Foundation to allow my child to have readily available (carry or possess outside of the regular supervision of the healthcare staff) and self-administer, as medically necessary, the medications listed below.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship to participant: _____

If have any questions, please contact AYF Lead Health Officer, Carrie Smith, at 603-581-8611. Once completed, ***please return form to guardian to upload to the camper's online AYF CampBrain portal.***