



MEDICAL PERMISSION FORM – EPIPEN/INHALER

_____ is allergic to or has a severe reaction to _____
in such a way that may create serious medical concern. The child is under the care of a physician or other medical provider who has (1) prescribed the use of an EpiPen for the purposes of administering a pre-measured injection of Epinephrine; and (2) provided him/her with proper instruction in the use of the EpiPen. We authorize faculty and staff at SPORTIME Schenectady to assist our child with the administration of an EpiPen and/or Inhaler in the event that such medical assistance is necessary.

Have you used the EpiPen with your child in a medical situation?

YES NO

Can your child self-administer an EpiPen and or inhaler?

YES NO

Do you want your child to carry his/her EpiPen and/or Inhaler at all times? (Inside their camp bag that will be specially marked and kept in the shade or indoors)

YES NO

Would you prefer that your child’s EpiPen and/or inhaler are stored in the camp office?

YES NO

Securely upload this form at www.SportimeNY.com/Medical-SCH.

Please note that we are happy to keep a second EpiPen or Inhaler in the camp office. Contact our Camp Staff at (518) 356-0100 or email campssch@sportimeny.com.

CAMPER NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE