



Contract for children carrying **EpiPens** with them
while at BASE Camp

NAME _____ D.O.B. _____

Child

- I plan to keep my allergy medication/EpiPen with me at BASE Camp rather than in the BASE camp locked MED Box.
- I agree to use my EpiPen in a responsible manner, according to my physician's orders.
- I will not allow any other person to use my allergy medication/EpiPen.
- I will notify the BASE Camp staff immediately if my EpiPen has been used.

CHILD Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Nurse Coordinator

- The above child has demonstrated correct technique for EpiPen use and an understanding of the physician's orders for emergency use of the EpiPen.
- BASE Camp staff that have the need-to-know about the child's condition and the need to carry medication, have been notified.
- The above child, to the best of my knowledge, is capable of self-administering the allergy medication/EpiPen per the Health Care Action Plan.

Nurse Coordinator Signature _____ Date _____

- I do not feel like the above child is capable of self-administration and the parent has been notified.

Nurse Coordinator Signature _____ Date _____