

Robotics And Beyond...

Inspiring young minds in STEM and design

INHALER AND EPIPEN PERMISSION FORM

Please complete this section if your child uses an inhaler or an EpiPen.

My child _____ has been instructed in the proper use of the inhaler/EpiPen.

I _____ (parent/guardian) request that my child be permitted to carry and self-administer his/her inhaler/EpiPen.

I _____ (parent/guardian) release Robotics And Beyond of any responsibility concerning the use of his/her inhaler/EpiPen.

Signature of Parent or Guardian: _____

Date: _____

Mail all forms by Postal Service or Scan and E-mail to:
Robotics And Beyond, 30 Bridge St., Suite 204, New Milford, CT 06776
camp@roboticsandbeyond.org