

INHALER AND EPIPEN PERMISSION FORM

Please complete this form if your child uses an inhaler or an EpiPen. PLEASE PRINT.

Mail all forms by Postal Service or Scan and E-mail to:
Robotics And Beyond, PO Box 607, New Milford, CT 06776
camp@roboticsandbeyond.org

NAME OF CAMPER _____ DATE OF BIRTH _____

Mother's Name _____ Day Time # _____ Cell _____

Father's Name _____ Day Time # _____ Cell _____

Emergency Contact _____ Phone # _____ Relation _____

Physician Name _____ Physician Phone _____

Medication Name/Generic Name: _____

Condition for which medication is being administered: _____

PLEASE SELECT ONE

- I authorize that my child be permitted to carry and self-administer the above medication.
- I authorize Robotics And Beyond's camp personnel to safely store and administer my child's medication indicated above.

- I release Robotics And Beyond of any responsibility concerning administration of the above medication.

Signature of Parent or Guardian: _____

Date: _____

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