



Attention Scout Parents,

For your son or daughter to carry his/her personal emergency medications (e.g., EPI pen, inhaler, Insulin, etc.) while at camp the State of Connecticut Department of Public Health requires the statement below to be signed by the individual's medical provider and attached to the camper's physical form that is retained in the camp's health lodge.

Michael Morrell

Michael Morrell
Assistant Scout Executive

Authorization to Carry Emergency Medications

_____ (check appropriate box below)
Name of Camper – please print

- has demonstrated proper knowledge and ability to carry and self administer emergency medication specific to EPI pens, Inhalers and Insulin, etc.
- has demonstrated proper knowledge and ability to carry, but not self administer, emergency medication specific to EPI pens, Inhalers and Insulin, etc.

Please indicate medication authorized (must also be listed on health form, Part B2, medications section):

- EPI Pen
- Inhaler
- Insulin
- Other (specify) _____

Signature of health care provider _____

Name of health care provider (printed) _____

Date _____

