

**Inhaler Permission:** I, \_\_\_\_\_ give permission to the camp staff of the Town of Owego Summer Recreation and the Waterman Conservation Education Center Summer Camp to assist my child in the use of his/her/their personal inhaler as needed.

The inhaler my child uses is:

\_\_\_\_\_

My child, \_\_\_\_\_ is independent in the use of his/her/their inhaler. My child does not need assistance in its use. The inhaler will be kept with my child's counselor during camp hours.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Camp Program Director

\_\_\_\_\_  
Date

**Epi-pen Permission:** I, \_\_\_\_\_ give permission to the camp staff of the Town of Owego Summer Recreation and the Waterman Conservation Education Center Summer Camp to assist self- administration epi-pen treatment to \_\_\_\_\_ in the event of severe allergic reaction. I am aware the emergency medical services (EMS) will be contacted as well as the parent/guardian if the epi-pen is used.

The Epi-pen my child uses is:

\_\_\_\_\_

Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Camp Program Director

\_\_\_\_\_  
Date