

Asthma Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer their asthma medication for the camp session.

<https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf>

Camp: Colorado Christian Youth Camp

Camp Year: 2025

Camper's Name: _____ **Birthdate:** _____ **Cabin:** _____

- I will keep my rescue inhaler with me at camp and will follow my doctor's instructions.
- I will use my rescue inhaler safely at camp.
- If I have asthma difficulty I will tell camp staff or I will go to the camp nurse.
- I will not allow any other person to use my inhaler.
- If I don't use my medicine safely, I may lose my privilege.

Student's Signature _____ Date _____

Parent/Guardian: _____

This contract is in effect for the camp session unless revoked by the provider or camper fails to meet the above safety contingencies.

- I agree to make sure that my child carries his/her asthma medication.
- I will see my child carries the prescribed medication. The device will contain medication, the medication won't be expired and the medication will have my child's name on it.
- I have been told to keep an extra rescue inhaler in the Nurse's Cabin.
- I know camp staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
- I will provide a doctor signed medication authorization to the camp.

Parent's Signature _____ Date _____

Camp Nurse: _____

- The above child has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pre-treatment with an inhaler prior to exercise.
- I have notified the appropriate staff that need to know of the child's health condition and have advised them of the child's authorization to carry and self-administer their asthma medication.
- I have verified that all appropriate paperwork has been completed and determined that this child has the skill level necessary to carry and self-administer their asthma medication at camp.

Camp Nurse's Signature _____ Date _____