

# Allergy 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

<b>Camper's Name:</b> _____	<b>Birthdate:</b> _____	<b>Cabin:</b> _____
<input type="checkbox"/> I plan to keep my Epi-pen with me at camp rather than in the nurse's cabin.		
<input type="checkbox"/> I will use my Epi-pen in a responsible manner, in accordance with my physician's orders.		
<input type="checkbox"/> I will notify the camp nurse immediately if my Epi-pen has been used.		
<input type="checkbox"/> I will not allow any other person to use my Epi-pen.		
<input type="checkbox"/> If I don't use my medicine safely, I may lose my privilege.		
Student's Signature _____ Date _____		
<b>Parent/Guardian:</b> _____		
This contract is in effect for the camp session unless revoked by the provider or camper fails to meet the above safety contingencies.		
<input type="checkbox"/> I agree to see that my child carries his/her emergency medication as prescribed, that the device contains medication, and that the medication has not expired.		
<input type="checkbox"/> I have been told to keep extra emergency medication in the Nurse's Cabin.		
<input type="checkbox"/> I know camp staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.		
<input type="checkbox"/> I will provide a doctor signed medication authorization to the camp.		
Parent's Signature _____ Date _____		
<b>Camp Nurse:</b> _____		
<input type="checkbox"/> The above child has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.		
<input type="checkbox"/> Camp staff that have the need to know about the child's condition and the need to carry their emergency medication have been notified.		
<input type="checkbox"/> I have reviewed the medication authorization provided by the parent and signed by the parent and Health Care Provider.		
Camp Nurse's Signature _____ Date _____		