

**CONTRACT FOR CAMPERS CARRYING EPI-PENS WITH THEM WHILE AT CAMP  
(Self Care Contract)**

**CAMPER**

- I plan to keep my Epi-pen with me at camp rather than with a staff person.
- I agree to use my Epi-pen in a responsible manner, in accordance with my physician's orders.
- I will notify a staff person immediately if my Epi-pen has been used.
- I will not allow any other person to use my Epi-pen.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

This contract is in effect for the current summer unless revoked by the physician or the camper fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- I will review the status of the camper's allergy with the camper on a regular basis as agreed in the treatment plan.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NURSE**

- The above camper has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen .
- Camp staff that have the need to know about the camper's condition and the need to carry medication have been notified.

Registered Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_