

**Road's End Farm Horsemanship Camp**  
**Authorization Form – EpiPen**

In accordance with New Hampshire State Regulations (see attached sheet for full regulations), Road's End Farm Horsemanship Camp requires that all campers who must possess and/or self-administer an **Epinephrine Auto-Injector (EpiPen)** must have a signed permission from the child's parent AND a Health Care Professional.

**PARENT SECTION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Permission is granted to Road's End Farm Horsemanship Camp to allow my child to possess and use an EpiPen:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**LICENSED MEDICAL PERSONNEL**

**MUST COMPLETE THIS SECTION PERTAINING TO EPIPENS**

Name of Medication: \_\_\_\_\_ Date of Medication order: \_\_\_\_\_

1. Route and dosage of medication: \_\_\_\_\_

2. Specific recommendations for administration (list symptoms that would indicate for medication):  
\_\_\_\_\_

3. Frequency and time of medication administration or assistance: \_\_\_\_\_

4. Any special side effects, contraindications and adverse reactions to be observed: \_\_\_\_\_  
\_\_\_\_\_

5. List any adverse reactions that may occur should another child, for whom the epinephrine auto-injector is not prescribed, receive a dose medication \_\_\_\_\_

I hereby verify that \_\_\_\_\_ has a valid prescription and the knowledge and skills to safely possess and use the aforementioned EpiPen at Road's End Farm Horsemanship Camp:

Licensed Medical Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

If any of these criteria are not met, Road's End Farm Horsemanship Camp will not allow your child to carry or possess an EpiPen. If you or your child's Health Care Professional has any questions, please contact us at (603) 363-4900.

NH CODE OF ADMINISTRATIVE RULES  
**Section 485-A:25-b**

**RSA 485-A:25-b Possession and Use of Epinephrine Auto-Injectors at Recreation Camps.** – A recreation camp shall permit a child with severe, potentially life-threatening allergies to possess and use an epinephrine auto-injector, if the following conditions are satisfied:

I. The child has the written approval of the child's physician and the written approval of the parent or guardian. The camp shall obtain the following information from the child's physician:

- (a) The child's name.
- (b) The name and signature of the licensed prescriber and business and emergency numbers.
- (c) The name, route, and dosage of medication.
- (d) The frequency and time of medication administration or assistance.
- (e) The date of the order.
- (f) A diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality or if not contrary to the request of the parent or guardian to keep confidential.
- (g) Specific recommendations for administration.
- (h) Any special side effects, contraindications, and adverse reactions to be observed.
- (i) The name of each required medication.
- (j) Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector is not prescribed, should such a pupil receive a dose of the medication.

II. The recreational camp administrator or, if a nurse is assigned to the camp, the nurse shall receive copies of the written approvals required by paragraph I.

III. The child's parent or guardian shall submit written verification from the physician confirming that the child has the knowledge and skills to safely possess and use an epinephrine auto-injector in a camp setting.

IV. If the conditions provided in this section are satisfied, the child may possess and use the epinephrine auto-injector at the camp or at any camp-sponsored activity, event, or program.

V. In this section, "physician" means any physician or health practitioner with the authority to write prescriptions.

**Source.** 2003, 50:2, eff. Aug. 15, 2003.

**RSA 485-A:25-c Use of Epinephrine Auto-Injector.** – Immediately after using the epinephrine autoinjector, the child shall report such use to the nurse or another camp employee to enable the nurse or camp employee to provide appropriate follow-up care.

**Source.** 2003, 50:2, eff. Aug. 15, 2003.

**RSA 485-A:25-d Availability of Epinephrine Auto-Injector.** – The recreational camp nurse or, if a nurse is not assigned to the camp, the recreational camp administrator shall maintain for the use of a child with severe allergies at least one epinephrine auto-injector, provided by the child, in the nurse's office or in a similarly accessible location.

**Source.** 2003, 50:2, eff. Aug. 15, 2003.

**RSA 485-A:25-e Immunity.** – No recreational camp or camp employee shall be liable in a suit for damages as a result of any act or omission related to a child's use of an epinephrine auto-injector if the provisions of RSA 485-A:25-b have been met, unless the damages were caused by willful or wanton conduct or disregard of the criteria established in that section for the possession and self-administration of an epinephrine autoinjector by a child.

**Source.** 2003, 50:2, eff. Aug. 15, 2003.

**Please acknowledge your acceptance of the terms of this form and of the regulations above.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_