

Permission Form for Program Participants with Auto-Injectors or Inhaler Devices

Girl Scouts of Citrus Council welcomes program participants who carry prescription auto-injector devices (such as an Epi-Pen) or prescription inhalers. Girls are permitted to carry their own device and self-administer as necessary, with the permission of a parent or guardian and physician (see below). Trained staff or volunteers may assist if the child is not able to self-administer. GSCC recommends that parents and guardians advise program staff as to their daughter's specific needs, and provide a back-up device that can be carried by the adults in charge, in case of an emergency.

Parent/Guardian Permission

The following statement is to be completed by a parent or guardian of the program participant.

_____ (full name of participant) has been trained in the use of
(Check one: Auto-injector or Inhaler). She is aware of the symptoms that necessitate its use. She will alert the adults in charge prior to, during, and/or immediately after the use of the device.

Parent/Guardian Signature

Printed Name

Date

Physician Approval

As her physician, I would recommend that the participant named above (please initial below):

Carry the device on her person _____

Identify a supervising adult who can carry and administer the device, if needed. _____

The Auto-Injector or Emergency Inhaler device is prescribed for treatment of the following condition/reaction:

Please describe symptoms indicating emergency use of device:

The device will need to be administered within the first _____ (min./sec.) of the appearance of the above symptoms.

Physician's Signature

Printed Name

Area Code /Phone Number