

Contract for Participants Carrying Epi-pen's with them While At Avid4 Adventure
(Fill out this page ONLY if your camper self-carries & can administer)

PARTICIPANT

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

Participant's Signature: _____ Date: _____

PARENT/GUARDIAN

This contract is in effect for the current calendar year unless revoked by the physician or the participant 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 the date is current.
- It has been recommended to me that a back-up Epi-pen be provided to Avid4 Adventure for emergencies.
- I will review the status of the participant's allergy with the participant on a regular basis as agreed in the treatment plan.

Parent's Signature: _____ Date: _____