

CHRISTIAN YOUTH CONFERENCE at Ocean Park (CYC)

RE: EMERGENCY MEDICATIONS AND STATE OF MAINE LAW REGULATING CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATIONS BY CHILDREN

TO: Parents of children medically required to carry at all times Epi-pens, inhalers or other emergency medication and to self-administer such medication:

These forms are not necessary for those participants who are not medically required to carry at all times and to self-administer emergency medications (such as epi pens and inhalers).

As always, CYC health staff will provide regular supervision of prescription medications and all medical needs for participants. The State of Maine has passed a law that affects all participants who are medically required to carry at all times and to self-administer emergency medication while at CYC. These are participants who have been diagnosed to be at risk for a potential medical crisis such as asthmatic attacks or allergic reactions. The medications include, but are not limited to, an asthma inhaler or an epinephrine (Epi-) pen. The law establishes procedures that programs must follow to permit participants to carry and self-administer emergency medications. To comply with this law, all Maine camps are required to have a written policy providing that participants may carry and self-administer emergency medications provided the following conditions are met.

A. Any participant who needs to carry and self-administers emergency medication must have the prior written approval of the participant's primary health care provider and the participant's parent or guardian;

B. The participant's parent or guardian must submit written verification to CYC from the participant's primary health care provider confirming that the participant has the knowledge and the skills to safely self-administer the emergency medication at CYC;

C. CYC health staff must evaluate the participant's technique when they arrive at the program to ensure proper and effective use of the emergency medication at CYC. If you want your participant to be able to carry and self-administer, you and your participant's primary health care provider must provide written approval. Thank you in advance for helping us comply with this new law. As always, please call with any questions or concerns.

**PERMISSION FORM APPROVAL FOR CARRYING AND SELF-ADMINISTERING
EMERGENCY MEDICATION**

As the primary health care provider for (participant's name) _____, I order the carrying and self-administering, as medically necessary of the following medications by the above named participant from the dates of August 4, 2024 through August 17, 2024: (Circle all that apply or list other emergency self-medication device.)

- a. Asthma Inhaler
- b. Epinephrine Pen
- c. Insulin

Further, I confirm that this participant has the knowledge and the skills to carry and safely self-administer the indicated emergency medication in a camp setting.

Primary Healthcare Provider Signature

Date

PARENT PERMISSION FORM USE OF SELF-ADMINISTERED EMERGENCY MEDICATION

As the parent or guardian of (participant's name) _____ I approve of the carrying and self-administering, as medically necessary, of the medications listed above by my child from the dates of August 4, 2024 through August 17, 2024:

Further, I confirm that my child has the knowledge and the skills to safely carry and self-administer the above listed emergency medication in a camp setting.

Parent or Guardian Signature

Date