

USE THIS FORM *ONLY* IF YOU WANT YOUR CHILD'S
EPI-PEN ON THE CAMP BUS.

CAMP KIWĪ

EPI-PEN BUS FORM *

Child's Name _____

By requesting that an epi-pen be on your child's bus, you agree to be responsible for the following:

- Notifying Camp Kiwi by phone upon receipt of this so that we can identify/train your child's bus monitor.
- Returning this form accompanied by two prescription epi-pens. You must return this form and bring your epi-pens to our office *personally*. One epi-pen will remain at camp; the other we will place in a special, insulated fanny-pack, label it with your child's name, and give it back to you. You are then responsible for strapping it to your child on the first day of camp. When your child arrives at camp, the epi-pen will be properly stored, and then returned to your camper at the end of the day on the bus.
- Ensuring that your child's epi-pen is properly dated and strapped on your camper in a Camp Kiwi provided fanny-pack each morning.
- Being fully responsible for personally delivering your child's epi-pen in his/her fanny-pack to *the office* if you bring your child into camp late, and/or retrieving the fanny-pack and epi-pen *from the office* if you pick up your child from camp.
- Accepting that your bus monitor *may not* transport your child to camp if your camper is not wearing the fanny-pack with the prescription epi-pen inside.

I hereby give my permission for my child to self-administer his/her epi-pen. If my child is unable to do so, I give permission for his/her bus monitor to do so.

AGREED TO AND ACCEPTED BY:

Parent Signature: _____
Please Print: _____
Date: _____

Parent Signature: _____
Please Print: _____
Date: _____

***Epi-Pens must be in original container with appropriate label intact, and be accompanied by a copy of the original doctor's prescription.**