

## OVERNIGHT/DAY CAMPS

**Corporate Office**  
**Downtown Manchester**  
30 Mechanic Street  
Manchester, NH 03101  
603-623-3558  
Fax 603-623-5934  
www.manchesterymca.org

**Camping Services**  
30 Mechanic Street  
Manchester, NH 03101  
603-623-3558  
www.campmitena.org  
Camp Mi-Te-Na for Boys  
www.campfoss.org  
Camp Foss for Girls

**Goffstown Allard Center**  
116 Goffstown Back Road  
Goffstown, NH 03045  
603-497-4663  
Fax 603-497-4837  
www.goffstownymca.org  
Camp HalfMoon

**Strafford County**  
PO Box 1804  
Rochester, NH 03866  
603-332-7334  
Fax 603-332-7349  
www.straffordymca.org  
Camp Coney Pine

**YMCA of Greater Londonderry**  
206 Rockingham Road  
Londonderry, NH 03053  
603-437-9622  
Fax 603-437-1169  
www.londonderryymca.org  
Camp Pa-Gon-Ki

Dear YMCA Camp Families:

2009

Everyone at the Greater Manchester Family YMCA is very concerned about your child's health and safety while at our camps this summer. Traditionally, we keep all medications locked in the camp health care center and distribute them under specific guidelines and documentation procedures. However, we realize that for certain medications and specific health concerns, this procedure may not meet your child's needs.

IF YOUR CHILD BRINGS AN ASTHMA INHALER OR EPINEPHRINE AUTO-INJECTOR (epi-pen) TO CAMP due to their asthma or severe allergies, you have the following options:

1. Typical camp practice is to keep the inhaler and/or epi-pen locked in the camp's health care center, available for use as it can be accessed by staff.
2. The inhaler and/or epi-pen can be kept in the possession of your child. However, in order to comply with recent State of NH legislation, the attached permission slip **MUST** be signed by your **child's physician** in order for your child to carry an inhaler or epi-pen in her/his possession while at camp. Please bring this signed form with you on the first day of camp.
3. Without the signed permission slip in file at camp, your child cannot keep such medication in her/his possession and it will be locked in the health care center.

Campers who possess an inhaler and/or epi-pen are expected to report all medication usage to the nurse, health care professional or camp director. This allows for the proper monitoring and documentation of medication usage by our nurse, health care professional or camp director. We **require** that a second epi-pen or inhaler be brought to camp and stored in the health care center as a back-up to the one your child keeps in his/her possession.

Camp counselors will be made aware of campers who are authorized to keep eip-pens an/or inhalers in their possession. Our counselors will check in with campers when appropriate, such as before leaving on a field trip, but the counselors are **not** responsible for ensuring that campers have these medications with them. We ask that you please carefully consider your child's capabilities before deciding who will be responsible for his/her medications.

Thanks you for your time and consideration concerning this matter. If you should have any questions, don't hesitate to contact your Camp Director or myself at (603)623-3558 ext. 241 or at [tarcher@gmfymca.org](mailto:tarcher@gmfymca.org).

Sincerely,

Tom Archer  
Executive Director of Camping Services Branch



**PERMISSION TO POSSESS AND USE  
EPINEPHRINE AUTO-INJECTOR AND/OR ASTHMA INHALER AT  
GREATER MANCHESTER FAMILY YMCA CAMPS 2009**

\_\_\_\_\_ (name of camper) is attending YMCA Camp \_\_\_\_\_. The following information is on file at the camp on the camper's health form or will be provided on the original label of prescription medication brought to camp:

- 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 child receive a dose of the medication.

As the child's physician, I give permission for this child to possess and use (please identify which medication):

\_\_\_\_\_ EPINEPHRINE AUTO-INJECTOR

\_\_\_\_\_ ASTHMA INHALER

My signature below provides verification that this child has the knowledge and skills to safely possess and use the identified medication(s) in a camp setting.

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Physician's Signature

Date

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Physician's Printed Name

Phone Number

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Address