



February 4, 2014

Attention Scout Parents,

For your son or daughter to carry his/her personal emergency medications (e.g., EPI pen, inhaler, Insulin, etc.) while at campouts, events or meetings, the State of Connecticut Department of Public Health requires the statement below to be signed by the individual's medical provider and attached to the Scout's physical form that is retained in the Troop's health records.

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Authorization to Self Administer

_____ has demonstrated proper knowledge and ability to carry
Name of Scout –please print
and self administer emergency medication specific to EPI pens, Inhalers and Insulin, etc.

Please indicate medication authorized (must also be listed on health form, Part A, page 2, medications section):

EPI Pen

Inhaler

Insulin

Other (specify) _____

Signature of health care provider _____

Name of health care provider (printed) _____

Date _____

