

Troop 42 Permission Orders for Epi-Pen

If my child requires the administration of his or her epi-pen and is not capable of self-administering, I give permission for each of the following persons to administer the epi-pen:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Harry Micheals, (adult) Scoutmaster
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ (adult leader of outing)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ (adult leader of outing)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ (youth leader of outing)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ (youth leader of outing)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ (adult leader of camp)

Scout's Name: _____ Unit: _____

Address _____ Age _____

Parent's Phone: _____ Work Phone: _____

Special Instructions: _____

NOTE: the adult, youth leaders of Troop 42 and the adults of the camp where the Troop encamps will change with each outing. If the name lines are left blank, checking the yes box is permission to permit whomever is on that outing to administer the epi-pen, if necessary.

Only persons whose "yes" box is selected may administer the epi-pen.

Parents Signature: _____ Date: _____