

[Your Camp's Letterhead]

[Date]

[Parent/Guardian's Name]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Parent/Guardian's Name],

Subject: Epipen Administration Authorization for [Camper's Name]

We are committed to ensuring the safety and well-being of all campers at [Camp Name]. As part of our health and safety protocol, we require written authorization for the administration of an Epipen in case of an allergic reaction.

Camper Information:

- Name: [Camper's Name]
- Date of Birth: [Camper's Date of Birth]
- Allergies: [List specific allergies]
- Emergency Contact: [Emergency Contact Name & Phone Number]

I, [Parent/Guardian's Name], authorize the staff at [Camp Name] to administer an Epipen to my child, [Camper's Name], in the event of a severe allergic reaction. I understand that the staff will be trained in the proper administration of the Epipen and that emergency services will be contacted immediately after administration.

Attached to this letter are the following documents:

1. Copy of the prescribing doctor's orders
2. Allergy action plan
3. Epipen usage instructions

Please ensure that an Epipen is provided to the camp at the beginning of the camp session, and that it is in an accessible location for our staff.

Thank you for your cooperation in keeping [Camper's Name] safe during their time at camp. Should you have any further questions or concerns, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Position]

[Camp Name]

[Phone Number]

[Email Address]

Attachment: [List of attachments]