



# Seymour Community Services

20 Pine Street  
Seymour, CT 06483  
Telephone 203-888-0406 Fax 203-881-5026

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## 2018 Summer Playground Program

### SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of an epi-pen or inhaler must be authorized by the Prescriber **and** Parent or Guardian for those children who will need to administer medication during camp. We do not have a nurse or medical professional on site at the program. There will be staff certified in first aid, CPR, bloodborne pathogens, and concussion identification. Staff will be directed to call 911 in the event of an emergency or issue that is outside basic first aid.

**Please complete and return this form by June 1.**

**Email it to [zphilippas@seymourct.org](mailto:zphilippas@seymourct.org) OR mail it to 20 Pine Street, Seymour, CT 06483.**

Name of Participant		Date of Birth	
Address		Phone	

Medication(s) authorized	Condition(s) for which the cartridge injector (EPI Pen) or Inhaler is being Self-Administered:
<input type="checkbox"/> EPI Pen	
<input type="checkbox"/> Inhaler	

Drug Name:	Dose:	Method/Route:	Time of Administration:	If PRN, frequency:

Allergies: ☐ No ☐ Yes (SPECIFY)

#### PRESCRIBER AUTHORIZATION

Participant name: \_\_\_\_\_  
The participant named above has demonstrated proper knowledge and ability to carry and self-administer the emergency medication set forth above.

Prescriber's Name & Title: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARENT/LEGAL GUARDIAN AUTHORIZATION SIGNATURE For SELF-ADMINISTRATION OF MEDICATION

Parent/Guardian name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_