

2024 Seymour Recreation Playground Camp

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 call 911 in the event of an emergency or issue that is outside basic first aid.

Please complete and return this form by June 3.

Email a PDF (no pictures) to tmiller@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) _____

PARENT/LEGAL GUARDIAN AUTHORIZATION SIGNATURE For SELF-ADMINISTRATION OF MEDICATION	
Parent/Guardian name (please print): _____	
Parent/Guardian Signature: _____	Date: _____

PRESCRIBER AUTHORIZATION
Participant name: _____
The participant named above has demonstrated proper knowledge & ability to carry & self-administer the medication(s) above
Prescriber's Name & Title: _____
Address _____
Telephone _____
Prescriber's Signature: _____
Date: _____