

## 2025 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](mailto:tmiller@seymourct.org) OR mail it to 20 Pine Street, Seymour, CT 06483.**

<b>Name of Participant</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>Phone</b>	

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

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

Allergies:  No  Yes (SPECIFY) \_\_\_\_\_

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

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