

## 2026 Seymour Summer Camp

### ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

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, concussion, and Epi-Pen administration. **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 1.*

**Email a PDF (no pictures, jpg, tif, gif) to [tmiller@seymourct.org](mailto:tmiller@seymourct.org) OR mail it to 20 Pine Street, Seymour, CT**

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

<b><u>PRESCRIBER AUTHORIZATION</u></b>
Participant name: _____
Prescriber's Name & Title: _____
Address: _____
Telephone: _____
Prescriber's Signature: _____ Date: _____