

2024 New Canaan Recreation Summer 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 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 10. Email it to recreation@newcanaanct.gov

Name of Participant				Date of Bir	th		
Address				Phone			
Medication(s) authorized	• • •						
EPI Pen							
Inhaler	Inhaler						
Drug Name:		Dose:	Method/Route:	Time of Administration	n:	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:				