



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 the program. We do not have a nurse or medical professional on site at the program. Staff will be directed to call 911 in the event of an emergency or issue that is outside basic first aid.

Email it to recreation@newcanaanct.gov

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)

<u>PRESCRIBER AUTHORIZATION</u>	
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:

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