

**Prescription Medication Authorization From  
Medical Release – Self-Administration of  
Epi Pen and Inhalers**

Summer Program Name: Town of Avon Recreation and Parks Summer Camps – Camp Discovery

\_\_\_\_\_ Has been instructed in the use of \_\_\_\_\_.  
(Camper Name) (Medication(s))

We, \_\_\_\_\_ and \_\_\_\_\_ request that this  
(Physician) (Parent/Guardian)

camper be permitted to keep it locked in the Camp Director’s Office and self-administer this prescription medication, because we consider him/her responsible for its administration. We authorize him/her to do so. He/she has been instructed in and understands the purpose and appropriate method, frequency, dosage, and use of the medication.

We, the undersigned, release the Town of Avon and its employees of any and all liability resulting from this camper’s self-administration of his/her medication. We acknowledge that, from this day forward, the Summer Camp Program assumes no supervisory responsibility over the camper’s self-administration of the above-listed medication(s).

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child’s Name \_\_\_\_\_

Date of Birth \_\_\_\_\_