

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

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

_____ 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 _____