

Avon Recreation and Parks Department
Participant/Camper Medication Authorization

Child's Name: _____

My Child is Participating in _____

Name of Medication: _____

Epi Pen or Inhaler **only**: My child may carry and self administer ____ YES ____NO
If no, Recreation Staff will carry and help administer.

Day(s) to be taken: _____

Time(s) to be taken: _____

Parent Name: _____

Parent Contact #: _____

Student will be responsible to give the medication to Recreation Staff when checking in at camp and will take the medication home with them when leaving camp each day.

In the event of a serious medical emergency or accident, I authorize the Avon Recreation and Parks Department personnel to have my child treated by a readily available physician and/or hospital. Appropriate personnel will be informed of serious health conditions. Parents will notify the Department of any changes in medical information.

I hereby grant the Town of Avon and its agent's full authority to take whatever action they deem necessary regarding my child's health in the case of an emergency where I am not able to make the decision.

I release the Town of Avon and its agent's from any liability in connection with the administration of medication or its emergency decision making regarding my child's health to the extent permitted by law.

Signature of Physician

Date

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian: _____

Best Phone Number(s): _____

