

Avon Recreation and Parks After School Ski/Snowboard Program Authorization to hold Epi Pen/Inhaler

Child's Name: _____

School: Thompson Brook School Avon Middle School

Type of Medication: Epi-Pen Inhaler

Parent Name: _____

Parent Contact #: _____

Condition when Epi Pen/Inhaler should be used: _____

Does your child self-administer this medication: YES NO

If child does not self-administer, the child will be responsible to give the Epi-Pen/Inhaler to Recreation Staff when checking in on the bus and will take the medication home with them when getting off the bus each week.

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian: _____

Address: _____

Best Phone Number(s): _____