

Avon Recreation and Parks  
Participant/Camper Medical Plan

The Avon Recreation and Parks Department welcomes persons with medical conditions and/or disabilities in all programs and services. If you or your child require reasonable accommodations to a recreation program in order to participate, please indicate this when you register online under the *Medical Information* section on your account and call the Recreation and Parks Department at least 3 weeks prior to the start of the program at 860-409-4332. It is the responsibility of the parent/guardian to contact the Recreation Department to put a medical plan into place.

Medical/Non Medical Plan Policies and Procedures

- Topicals such as sunscreen will be applied by staff (when needed) with permission from the parent/guardian by agreeing to the online *Administration of Topicals Authorization* disclaimer. Campers will be responsible to hold on to the topical.
- Medical Emergency Medications
  - Epi pens and Inhalers: Campers may self-administer Epi pens/inhalers or staff can administer with written permission from the Parent/guardian or Health Care Provider by completing the *Camper Medication Authorization* form. All medications must be in the original packaging/container. Campers with permission to self administer can hold their Epi Pen/inhaler in a hip pack provided by the parents. Otherwise staff will hold the Epi Pen/inhaler.
  - Medical Emergency Medications: All other medications prescribed to prevent a medical emergency will be administered by a Medication Administration Certified Staff with written permission from the parent/guardian **and** Health Care Provider by completing the *Camper Medication Authorization* form. The medication will be in the possession of the Camp Director/Special Needs Staff. Medications will be provided for daily use only and will not be stored at camp.
- Diabetic Support – Staff with basic diabetes training will be available to support diabetic campers as needed. Both the parent and the child’s Health Care Provider must complete the *Diabetes Management Plan* forms. A meeting with the trained staff and the camper’s parent/guardian should occur 20 days prior to the beginning of the session. Camp staff will have medications and supplies, as provided by the parent/guardian, with them at all times.
- Once the individual’s appropriate medical plan and forms are in place, it is the responsibility of the parent or guardian to supply the camper or camp staff with everything required to accommodate the child’s nonmedical (i.e. topicals, sunscreen) or medical needs (i.e. epi pen, inhaler, or prescription).
- A Medical Record Book will be kept by the Camp Director and returned to the Director of Recreation and Parks on the last day of the camp session.

Avon Recreation and Parks Department  
Participant/Camper Medication Authorization

Child's Name: \_\_\_\_\_

Program participating in: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Under what circumstances should medication be administered?

\_\_\_\_\_  
\_\_\_\_\_

[Epi Pen or Inhaler only] My child may carry and self-administer \_\_\_\_ YES \_\_\_\_NO

*If no, Recreation Staff will carry and help administer.*

Parent Name: \_\_\_\_\_

Parent Contact #: \_\_\_\_\_

**The participant 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): \_\_\_\_\_