

EMERGENCY MEDICATION PERMISSION FORM

PARTICIPANT'S NAME: _____

DOB: _____

PROGRAM NAME: _____

Permission is granted to Billerica Recreation Department staff to hold, assist, and/or administer the following life-saving medication to my child in an emergency situation:

Asthma Inhaler

**Epi-Pen/
Auvi-Q Injector**

Parent/Guardian **Signature** _____ **Date:** _____

Print **Parent/Guardian Name:** _____

Parent/Guardian Phone Numer: _____

1. Type of allergy: _____
2. Allergy reactions: _____

UPON ISSUING LIFE-SAVING MEDICATION LISTED ABOVE, STAFF ARE REQUIRED TO CONTACT 911.

Billerica Recreation Department staff will store the above listed medication in a designated bin accessible to leadership staff in the event of an emergency. During field trips, designated leadership staff will carry the above listed medication to ensure it is accessible in the event of an emergency.

Parents/Guardians wishing to provide the life-saving medications listed above should seek out the on-site Program Director on the first day of the week to complete this paperwork and provide the medication, as well as any additional necessary information.

Billerica Recreation Department will not store any medications over the weekend. All medications must be retrieved by a parent/guardian on Friday, or the last day the child will be attending camp that week.

Billerica Recreation Department is not responsible for this medication outside of the program's normal operating hours.

Billerica Recreation Department will be held harmless due to any damages or losses associated with the storing or administering of medications listed above.