



TOWN OF BRIGHTON
RECREATION DEPARTMENT

220 Idlewood Rd.
Rochester, NY 14618
www.townofbrighton.org

(585) 784-5260
Fax: (585) 784-5365
TTY: (585) 784-5381

Medication Dispensation Permission

We understand that your child will be participating in an upcoming Town of Brighton Department of Recreation and Parks summer camp. If your child will be taking prescription medication on site during camp, you are required to complete this “Medication Dispensation Permission” form and return it to the department. The form will be given to the site director. The director will ensure the medication is kept in a safe area and dispense the medication directly to your child at the prescribed times. The director will also maintain a log when the medication is dispensed to your child. The failure on your part to complete this form prior to your child’s entrance into camp may result in your child’s exclusion from camp until the form is completed.

1. Camper Information

| | | |
|-------------------|-----------------------------|-----------------------------|
| CAMPER NAME | PARENT/GUARDIAN NAME | CAMP NAME |
| HOME PHONE NUMBER | PARENT/GUARDIAN CELL NUMBER | PARENT/GUARDIAN WORK NUMBER |

2. Medication Information

| NAME OF MEDICATION | DOSAGE | DOSES/DAY | OTHER INFO. |
|--------------------|--------|-----------|-------------|
| | | | |
| | | | |
| | | | |

3. Physician Information

| | |
|-------------------|--------------|
| CHILD’S PHYSICIAN | PHONE NUMBER |
|-------------------|--------------|

4. Parent/Guardian Signature

I state that my child is capable of taking this medication on his or her own, and that a staff person from Brighton Recreation will hand him/her the medication as it is stated in the prescription. I do hereby consent to authorize Brighton Recreation to dispense this medication to my child.

| | |
|---------------------------|------|
| PARENT/GUARDIAN SIGNATURE | DATE |
|---------------------------|------|



TOWN OF BRIGHTON
RECREATION DEPARTMENT

220 Idlewood Rd.
Rochester, NY 14618
www.townofbrighton.org

(585) 784-5260
Fax: (585) 784-5365
TTY: (585) 784-5381

EPI PEN RELEASE FOR SUMMER PLAYGROUND CAMPS ONLY:

If an EPI Pen is medically necessary for my child, I will provide one to the Recreation Program for use during programs. All EPI Pens will come in their original packaging with printed prescription information on the package specific to each participant. I will also provide a written order from a licensed prescriber stating the medication and dose.

In the event that my child is not able to self-administer an EPI Pen, I hereby give permission for appropriately trained Brighton Recreation Staff to administer the EPI Pen provided to my child.

I hereby release the Town of Brighton and any of its staff from any responsibility or liability from any connection with this activity. I also fully realize that I must provide proper hospitalization.

By signing below I agree to all above listed agreements.

Parent / Guardian Signature _____ **Date** _____

- Epi Pen Provided**
- Original Package**
- Specific, printed prescription information on package matching participant**
- Written Instructions from Doctor Provided**