



North Reading Parks and Recreation  
235 North Street  
North Reading, MA 01864  
978 664 6016  
Fax: 978 664 8061

Parent/Guardian Authorization for the Dispensing of Inhaler or EPI-Pen

I hereby request that the following medication be dispensed in the case of an emergency to my child by a CPR and First Aid trained staff member. I understand that I must supply the medication in the original container, labeled with the child's name and directions for administering. **All medications must go home at the end of each day with the parent.**

Name of Child \_\_\_\_\_

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

Reason for Medication \_\_\_\_\_

I have administered at least one application of the above medication to my child without adverse side effects.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(print)

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_