



Homewood Day School

EMERGENCY MEDICINE Release Form 2016-17 Asthma Inhaler, Epi-Pen, Other

Complete form, printing clearly and in INK.

***MEDICATIONS MUST BE PRE-MEASURED!!!!**

****Medications should be placed in a Ziploc bag.**

Today's date: _____

Child's Name: _____ DOB: _____

Child's Class: _____

Type of Medication: _____ Epi-Pen _____ Asthma Inhaler _____ Nebulizer
_____ Other: _____

Name of Medicine: _____ Dosage: _____

Prescription Number _____ Refrigerate? Yes _____ No _____

Child's Doctor: _____ Phone Number: _____

Pharmacy Name/Phone Number: _____

Reason for medication? _____

List symptoms that warrant use of medication: _____

When should medication be administered? _____

****Epi-pen only: Repeat dose of Epi-Pen? _____ No _____ Yes _____ When? _____

Instructions for administering medication:

When was the last time medication was administered outside of Day School?

Why?

Comments:

Parent signature:

Original- Child's office folder

Copy- Teacher/Office/Extended Care

Date Medicine Returned to Parent/Guardian:

Medication will remain in the child's backpack.

Parent assumes all medical and transportation cost.