



Homewood Day School

EMERGENCY MEDICINE Release Form 2018-19

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 Teacher: _____

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?

Instructions for administering medication:

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

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

Why? _____

Parent signature: _____

Date Medicine Returned to Parent/Guardian: _____

Medication will remain in the child's backpack. Parent assumes all medical and transportation cost. **Original-** Child's office folder **Copy-** Teacher/Office/Extended Care