



Homewood Day School

EMERGENCY MEDICINE Release Form

Asthma Inhaler, Epi-Pen, Other

**MEDICATIONS MUST BE PRE-MEASURED AND PLACED IN A ZIPLOCK BAG
WITH CHILD'S NAME!!!! Complete form, printing clearly and in INK.**

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**