



Authorization for Prescription Medication

Authorization for Prescription Medication for: _____
(name of child or teen)

II. Physician Authorization for Prescription Medication

Authorization for Prescription Medication

Condition: _____

Medication: _____

Dosage and schedule during program hours: _____

Special Instructions: _____

Side effects: _____

Duration of order (not to exceed current program): _____

Asthma Inhaler

Asthma Inhaler Name of asthma inhaler medication #1: _____

Instructions: _____

Asthma Inhaler Name of asthma inhaler medication #2: _____

Instructions: _____

Epinephrine Injection

Give the injection indicated below immediately after report of exposure to: _____

Epi-pen (given in premeasured dose of 0.3 mg epinephrine 1:1000 aqueous solution or 0.3 cc.)

Epi-pen Jr. (given in premeasured dose of 0.15 mg epinephrine 1:2000 aqueous solution or 0.3 cc.)

Repeat dose of epinephrine in 15 minutes, if the rescue squad has not arrived.

Authorization for the Child or Teen to Carry and Self-Administer Medication

The above named child or teen may carry this medication with him/her during recreation hours. He/She has received adequate information on how and when to use this medication, and I believe he/she can safely carry and self-administer it.

Physician Signature: _____

Date: ____/____/____