

## School/Camp Form Information

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Patient's Current Weight: \_\_\_\_\_ lbs

Medication: (Circle)    Epi Pen            Albuterol            Antihistamine

Do you need a new prescription for your:

Epi Pen?            Yes            No

Albuterol?        Yes            No

If yes, provide pharmacy # \_\_\_\_\_

What antihistamine will you be providing the school and in what form? (Liquid, tab)

\_\_\_\_\_

If you are food allergic, what foods are avoided?

\_\_\_\_\_

\_\_\_\_\_

Does child pre-treat with albuterol prior to activity/recess?    Yes            No

Does child use a spacer with the albuterol inhaler?            Yes            No

Can Child Self Carry/Administer Epi?                                Yes            No

Can Child Self Carry/Administer Albuterol?                        Yes            No

Please make sure YOUR portion of the form is completed, ex: Child's name, medication, your contact information.

Shall we fax or mail the form, or will you pick up?

(Circle) Fax    Mail    Pick up

Fax number or Address:

\_\_\_\_\_

\_\_\_\_\_

***Allow 24 – 48 Hours for Completion***