

## Prescription Information

Child's Name	Date of Birth		M    F Gender
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Mobile Phone	Home Phone	Mobile Phone

### Current Prescriptions

Prescription Name	Dosage Information	Dosage Frequency
Prescription Name	Dosage Information	Dosage Frequency
Prescription Name	Dosage Information	Dosage Frequency
Prescription Name	Dosage Information	Dosage Frequency
Prescription Name	Dosage Information	Dosage Frequency
Prescription Name	Dosage Information	Dosage Frequency

**ALL PRESCRIPTION MEDICATION MUST BE PROVIDED IN ORIGINAL PRESCRIPTION BOTTLE WHICH INCLUDES NAME OF MEDICATION, DOSAGE, AND PRESCRIBING DOCTOR'S NAME AND INSTRUCTIONS.**

*Please put this form in a ziplock bag with your child's medication and give to the Designated Medication Handler for the event or program that your child will be attending.*

### Consent Form – Rescue Inhalers and/or EpiPen

If your child needs and is capable of handling their own Rescue Inhaler and/or EpiPen, you may consent to allowing your child to keep and self-medicate during the event, so long as you, the parent, sign this consent and list the medication above.

\_\_\_\_\_  
Parent Signature