

# Pentucket Regional School District

## Before & After School Program

### Medication Authorization Form 2022-2023

#### Inhaler or EPI Pen:

Child's Full Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage:

- Amount: \_\_\_\_\_
- Time: \_\_\_\_\_
- Number of Days: \_\_\_\_\_
- Number of Doses: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EPI Pen and or Inhalers must be provided to the BASP. Medications will be kept in a locked area not accessible to children.

#### PROGRAM COPY

*Please keep a copy for your records      updated 3/28/2022*