



Emergency Medication Administration Request Form

Emergency Medications such as EPIPENS or Rescue Inhalers must be stored at school and not brought back and forth to school. Parents are responsible for updating this form if dosing or administration instructions change. Parents are responsible for tracking expiration dates on medication and replacing medication prior to expiration.

Today Date (This form is good for one year)	
Date Medication Expires (Parents are responsible for replacing Medication prior to this date)	
Child's First & Last Name	
Name of Medication	
Reason for Medication	
Reason to Administer Medication	
Dosage and Administration Instructions	
Parent/Guardian First & Last Name	
Parent/Guardian Signature	
Office Use Only	
Date	Time
Dose	Signature

Notes:



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