

Village of Pleasantville Recreation Department

PERMISSION FOR PRESCRIPTION EPI-PEN and/or INHALER

NAME OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Full address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Time # \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Time # \_\_\_\_\_ Cell \_\_\_\_\_

MEDICAL INFORMATION

Physician Name \_\_\_\_\_ Physicians Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN or PRESCRIBED LICENSED HEALTH CARE PROVIDER**

All medication must be in original container with original prescription label and have current date of expiration.

CHILD'S DIAGNOSIS \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

If medication is to be given "when needed," please circle indications

- |   |                               |                            |
|---|-------------------------------|----------------------------|
| 1. Swelling of lips, tongue,<br>throat and or around the eyes | 4. Shortness of Breath        | 7. Itchiness all over body |
| 2. Difficult swallowing                                       | 5. Sever cough or wheezing    | 8. Rash (Hives):           |
| 3. Tightness in chest and or<br>difficulty breathing          | 6. Itchiness around the mouth | 9. Other _____             |

Action to be taken? \_\_\_\_\_

How soon may it be repeated? \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_ I request that my child's prescription epi-pen or inhaler be securely stored in the Nurse's office under the supervision of the nurse and Site Supervisor. I certify that my child has been instructed and is capable of proper self-administration of the medication.

\_\_\_\_\_ I request that my child be permitted to carry his/her prescribed epi-pen or inhaler at the Panther Club. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other students, he/she will be taken to the Site Supervisor immediately and a call to the parent/guardian will be placed. I understand that the Village of Pleasantville Recreation Department is not responsible for lost, stolen or improperly discharged medication.

**I give permission to onsite personnel to seek emergency treatment at a hospital emergency room and to observe, or supervise in an emergency, the above named camper while self-administering the above mentioned medication(s).**

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child's Physician

\_\_\_\_\_  
Printed Name of Child's Physician

\_\_\_\_\_  
Date

