

Epinephrine Authorization Form

This form authorizes Merritt Academy to administer medication to your child.

- We require a physician's authorization by signing the form below, sending authorization via fax, or providing written authorization in another format (prescription note, written letter, etc.).
- Two (2) doses of Epinephrine must be provided.
- The Epinephrine must be in the original container and labeled with the child's name.

Child's Name:
Date of Birth:
Classroom:
Allergy/Allergies:
Medication Name:
Dosage and Times to be Given:
Any Adverse Reactions:
Special Instructions (if any):

Parent Authorization
Merritt Academy has my permission to administer the medication above.

(Parent's Signature) (Printed Name) (Date)
This medication is effective from: _____ and until _____ or <u>August 19, 2020</u> <small>(first day administered) (last day of 2019-20 program)</small>
<i>Authorization may not exceed the last day of the 2019-20 program.</i>

Physician Authorization
I certify that, in my opinion, it is medically necessary that the medication and dosage described above be administered to the child listed above during the hours of operation at Merritt Academy.

(Physician's Signature) (Printed Name) (Date)
This medication is effective from: _____ and until _____ or <u>A August 19, 2020</u> <small>(first day administered) (last day of 2019-20 program)</small>
<i>Authorization may not exceed the last day of the 2019-20 program.</i>

FOR MERRITT ACADEMY OFFICE USE ONLY
Date Received: _____ Office Approval: _____ Medication Expiration Date: _____
Refill Date: _____ Office Approval: _____ Medication Expiration Date: _____