

# 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):

<b>Parent Authorization</b>						
Merritt Academy has my permission to administer the medication above.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><b>(Parent's Signature)</b></td> <td style="text-align: center; border: none;"><b>(Printed Name)</b></td> <td style="text-align: center; border: none;"><b>(Date)</b></td> </tr> </table>	_____	_____	_____	<b>(Parent's Signature)</b>	<b>(Printed Name)</b>	<b>(Date)</b>
_____	_____	_____				
<b>(Parent's Signature)</b>	<b>(Printed Name)</b>	<b>(Date)</b>				
This medication is effective from: _____ and until _____ or <u>August 18, 2021</u> <small>(first day administered) (last day of 2020-21 program)</small> <i>Authorization may not exceed the last day of the 2020-21 program.</i>						

<b>Physician Authorization</b>						
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.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><b>(Physician's Signature)</b></td> <td style="text-align: center; border: none;"><b>(Printed Name)</b></td> <td style="text-align: center; border: none;"><b>(Date)</b></td> </tr> </table>	_____	_____	_____	<b>(Physician's Signature)</b>	<b>(Printed Name)</b>	<b>(Date)</b>
_____	_____	_____				
<b>(Physician's Signature)</b>	<b>(Printed Name)</b>	<b>(Date)</b>				
This medication is effective from: _____ and until _____ ro <u>A August 18, 2021</u> <small>(first day administered) (last day of 2020-21 program)</small> <i>Authorization may not exceed the last day of the 2020-21 program.</i>						

<b>FOR MERRITT ACADEMY OFFICE USE ONLY</b>
Date Received: _____ Office Approval: _____ Medication Expiration Date: _____
Refill Date: _____ Office Approval: _____ Medication Expiration Date: _____