



Pratt Nature Center
Permission to Administer Prescription and Non-prescription Medications including the use of an Epi Pen or an inhaler.

Note: This information must be fully filled out and on file at The Pratt Nature Center prior to the issuance of any medication. This is a statute of the Connecticut Department of Public Health.

Name of Child _____ D.O.B. _____ Phone _____
Address _____
Town _____ State _____ Zip Code _____

Medication Form
Does your child require any medications? Yes No
*Please complete this section if your child is taking any medications.
To be filled out by physician or pharmacist

Medication _____
Date written _____ Dosage _____ Start date _____ End date _____
Instructions for Administering _____
Controlled Drug? Yes No Side effects? Yes No *If **YES** Please explain:

Authorized Prescriber _____
Authorized Prescriber's Signature _____ Date _____

Inhaler and Epi Pen Permission Form
Does your child use an Inhaler or an Epi Pen? Yes No
*Please complete this section if your child uses an Inhaler or an Epi Pen.

My child _____ (*Child's Name*) has been instructed in the proper use of the inhaler/Epi Pen.

I _____ (*parent/guardian*) request that my child be permitted to carry and self-administer his/her inhaler/Epi Pen.

I _____ (*parent/guardian*) release the Pratt Center of any responsibility concerning the use of his/her inhaler/Epi-Pen

Parent/Guardian _____ **Date** _____