



**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** \_\_\_\_\_