



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

- If your child does **not** require any medications, Epi Pen, or inhaler: Please check NO where indicated, and **sign at the bottom.**
- If your child **does** require any medications, Epi Pen, or inhaler: Please follow instructions in the boxes below and **sign at the bottom.**

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** _____