

Pentucket Regional School District

Before & After School Program

Medication Authorization Form 2023-2024

Inhaler or EPI Pen:

Child's Full Name: _____

Name of Medication: _____

Dosage:

- Amount: _____
- Time: _____
- Number of Days: _____
- Number of Doses: _____

Parent/Guardian Signature: _____ Date: _____

EPI Pen and or Inhalers must be provided to the BASP. Medications will be kept in a locked area not accessible to children.

PROGRAM COPY

Please keep a copy for your records updated 4/5/2023