

PTA OF PS372 **Medical Form for 2011/2012**

# After School Program

**asprogram@ps372.org**

512 Carroll Street, Brooklyn, NY 11215

## Epi-pen and Asthma Metered dose inhaler information

In the event your child needs to have his/her Epi-pen or asthma metered dose inhaler administered during after school, please have your doctor complete the information below and return this form to the program administrator.

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I understand that the After School program is separate from the regular school day at PS372 and I am providing separate medication along with this form.

\_\_\_\_\_ My child carries his/her own medication and knows how to self administer.

In case of an emergency, I give permission to the After School first aide staff member to administer my child's medication as prescribed by the doctor.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_