

Breakaway Medication & Food Allergy Form

Please print this form and bring it along with your prescription medications (only enough for the weekend) to the Medic Station at Breakaway Check-in. Meds must be in original containers (required by law) and placed in a Ziploc gallon-size bag. Nurses will be giving out medications during meals and bedtime in the Atrium of Pheasant Run.

Student Information

Student Name

M or F	/ /	6 7 8
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Gender

Date of Birth

Grade

Small Group Leader Name

Small Group Leader Phone #

Medication Information

Will your student remember to take their medication? **YES** or **NO**

Place a checkmark in the boxes labeled for day/time medication need to be administered. Nurses will initial when medication is given.

Name of Medication	Dosage	Fri.	Nurse	Sat.	Nurse	Sat.	Nurse	Sat.	Nurse	Sat.	Nurse	Sun.	Nurse
		Bedtime	Initial	Breakfast	Initial	Lunch	Initial	Dinner	Initial	Bedtime	Initial	Breakfast	Initial

Food Allergy Information

Does your student use an EPI-PEN? **YES** or **NO**

If yes, will it be (circle one) **WITH THE STUDENT ONLY** or **WITH THE NURSE ONLY** or **WITH STUDENT AND WITH NURSE**

Food Allergies	
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Asthma/Inhaler Information

Does your student use an INHALER? **YES** or **NO**

If yes, will it be (circle one) **WITH THE STUDENT ONLY** or **WITH THE NURSE ONLY** or **WITH STUDENT AND WITH NURSE**

Is there anything else you'd like us to know about your student?

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Signature of Breakaway Nurse