

## **SCHOOL FORMS REQUEST (please allow up to 2 wks for completion)**

Drop-off Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current weight: \_\_\_\_\_ Date weighed: \_\_\_\_\_

Last seen: \_\_\_\_\_ Future appointment: \_\_\_\_\_

For albuterol/Xopenex: ☐ OK for patient to self-carry ☐ OK for patient to self-administer

For epinephrine autoinjector: ☐ OK for patient to self-carry ☐ OK for patient to self-administer

Contact name when form completed: \_\_\_\_\_

Phone number: \_\_\_\_\_

After completion: ☐ Parent pick-up (We'll call when ready) ☐ Mail to home

☐ Send via Portal (*must be signed up*)

☐ Fax to school (*Parent/guardian must sign school form(s) to authorize us to send form(s) to school*)

Fax # \_\_\_\_\_ School name: \_\_\_\_\_

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## **MEDICATION(S) REQUEST (please allow up to 2 business days)**

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone Number \_\_\_\_\_

### **Epinephrine autoinjectors**

☐ Mylan epinephrine autoinjector

☐ Brand name only ☐ OK for generic Mylan ☐ OK to substitute with other non-Mylan generics

☐ AuviQ (only for commercial insurance & sent by mail-order) ☐ Impax epinephrine autoinjector

### **Other medications**

☐ Medication #1 : \_\_\_\_\_ Dose: \_\_\_\_\_

☐ Medication #2 : \_\_\_\_\_ Dose: \_\_\_\_\_

☐ Medication #3 : \_\_\_\_\_ Dose: \_\_\_\_\_

☐ Medication #3 : \_\_\_\_\_ Dose: \_\_\_\_\_