

## **Food Allergy**

- Medication Authorization Form
- Food Allergy Action Plan
- Epi Pen (in original packaging/not expired)

## **Asthma**

- Medication Authorization Form
- Asthma Action Plan
- Inhaler and/or Vials (in original packaging/not expired)

## **Daily Medications**

Medications prescribed by doctor that need to be given during school hours

- Medication Authorization Form
- Medication in original packaging/not expired

## **Over The Counter Medication**

- Parent Permission for the Administration of Over the Counter Medications Form
- Medication in original packaging/not expired

## **FYI**

- All forms must be for current school year (last year's forms cannot be used for new school year)
- School fax number 314-244-1909