

Schreiber Allergy

9601 Blackwell Road • Suite 350 • Rockville, MD 20850 • 301-545-5512 • 301-979-9090 Fax
www.schreiberallergy.com

School / Camp Form Request

Patient Name: _____ DOB: _____ Today's date: _____

Contact phone number: _____

Please list the facility (Name of School, Day Care, Camp, etc.): _____

Current Weight _____

Do you need this form for:

- **Albuterol:** Yes No
 - Albuterol should be given (circle one): As needed Before PE and as needed
 - If Yes: If your child is in middle school or above, do you want him/her to self carry?

- **Epinephrine:** Yes No
 - If Yes: If your child is in middle school or above, do you want him/her to self carry?
 - The foods or allergens to be listed on this forms are:

 - The type of Epi you have is (circle one): EpiPen EpiPen Jr

- **Benadryl:** Yes No
 - If Yes: If your child is in middle school or above, do you want him/her to self carry?

If this form is for *additional* medications please list below:

<u>Name of Medication</u>	<u>Number of Mg, Tabs, or Inhaled Puffs</u>	<u>Number of times per day (specify if "as needed")</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Forms will be uploaded to the patient portal once completed, unless otherwise specified.

We require a **\$15 fee per form**. (You may pay online. For account number, write "FORMS.")

Your child must be seen **within the past year** for form completion.

For office use only: #Forms _____ FC _____