

Schreiber Allergy

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School / Camp Form Request

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

Contact Phone Number: _____

Please list the facility (Name of school, daycare, camp, etc.): _____

Current Weight: _____

Do you need this form for:

- **Albuterol:** YES NO
 - If yes, albuterol should be given (Circle One): As needed Before PE and as needed
 - **Epinephrine:** YES NO
 - The foods or allergens to be listed on this form are: _____
 - **Emergency Antihistamine:** YES NO
 - If yes, circle the preferred medication: Diphenhydramine (Benadryl) Cetirizine (Zyrtec)
- *In general, we are transitioning from Benadryl to Zyrtec as our preferred emergency antihistamine***
- **Self-Carry:** If your child is in High School above, would you like them to self-carry medication(s)?
YES NO

If this form is for other medications, please list the medications below:

Name of Medication Number of Mg. Tabs. or Inhaled Puffs Number of times per day (specify if "as needed")

_____	_____	_____
_____	_____	_____
_____	_____	_____

We require a **\$15 fee per signature**. You may pay online; for the account number, type "FORMS."
The patient must be seen **within the past year** for form completion.