Preschool at the Complex
EMERGENCY MEDICAL TREATMENT

(Please sign this section in case we need to transport child to a medical facility)

Name of Child: _____ Date: _____

I agree that Preschool at the Complex may authorize the physician of his/her choice to provide emergency care in the event that neither I nor our family physician can be contacted immediately.

Date: _____
Signature of Parent/Guardian_____

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AUTHORIZATION TO ADMINISTER PRESCRIBED OR NON-PRESCRIBED MEDICATION TO CHILD WHILE ATTENDING PRESCHOOL AT THE COMPLEX

I hereby request the Preschool at the Complex, through its designated authority, to administer the medication herewith provided according to the instructions contained on this form, to my child.

Emergency prescriptions of inhalers or epi pens must be in the original container clearly labeled with the child's name and have written directions from a physician for administering the medication. Please enclose medication in a zip lock bag.

Name of Medication: _____

Dosage: _____

Time Medication is to be given: _____

Possible side effects, if any: _____

Physician's Name: _____

Physician's Phone: _____