

Emergency Medication Administration Form



The parent/guardian of _____ ask that First Presbyterian Preschool staff give the following medication in case of emergency, according to the Health Care Provider's signed instructions on the lower part of this form.

First Presbyterian Preschool agrees to administer emergency medication prescribed by a licensed healthcare provider. It is the parent/guardian's responsibility to furnish the medication and replace upon expiration. Prescription medications must come in a container labeled with: child's name, name of medicine, dosage and licensed health care provider's name. Pharmacy name and phone number must also be included on the label. Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of emergency medication with the preschool staff delegated to administer medication.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian Signature: _____

Phone Number: _____ Date: _____

To Be Completed by Healthcare Provider:

Child's Name: _____ Birthdate: _____

Medication: _____ Dosage: _____

Purpose of medication: _____

When is it necessary to give above emergency medication? _____

Special Instructions: _____

Possible side effects: _____

Healthcare Provider Name/Practice: _____

License Number: _____ Phone Number: _____

Signature of Health Care Provider
with Prescriptive Authority

Date