

PERMISSION TO ADMINISTER PRESCRIBED EPINEPHRINE, ANTIHISTAMINE, AND/OR ASTHMA INHALER.

The Staff of Elfinwild Church Preschool has my permission to administer the following medicine that I have provided for my child if the need should arise during the _____ school year.

Name of child _____

Name of Medicine _____

Prescribing DR _____ DR phone # _____

Dosage and when to be administered (please describe in detail either a specific time of day or following onset of specific symptoms) _____

I have provided this medicine in it's original container, and labeled it with my child's name and class. (Either prescribed or over-the-counter)

If the medicine I have provided is to expire during the school year noted above, I understand that it is my responsibility to be aware of the date of expiration and to provide more medicine for my child prior to that date. Any expired medicine will be returned to me by the Preschool Staff for disposal.

Signed _____ dated _____