

Saint Andrews Presbyterian Preschool
Emergency Medication Permission Form

Name of Child _____

Name of Medication _____

_____ Prescription _____ Non-Prescription

Name and phone number of prescribing physician:

Dosage: _____

Reason for medication: _____

Possible side effects: _____

Directions for storage: _____

I, _____, (parent or guardian) give permission to the staff of Saint Andrews Presbyterian Preschool to administer medication to my child as indicated above. I understand that I am responsible for checking the expiration dates on this medication and replacing it when expired.

Parent/Guardian Signature

Date