



**PERMISSION TO ADMINISTER EMERGENCY MEDICATION
For Life Sustaining Medications Only!**

***All medications must be in original container and be accompanied by physician's orders/directions!**

Child's Name: _____ Name of Medicine: _____

When should medication be given (specifically what symptoms should we be looking for):

Dosage: _____ Dates to be given: _____ (Emergency meds. form is good for one year)

Any special instructions or information:

Parent's Signature: _____ Today's Date: _____



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