

Administration of Medication to Kingdom Kids Students

Please be informed that under NO circumstances will medications (prescribed or over the counter) be administered to a child in school unless the following has been received by the director:

- 1. A direct written order from the child’s physician on the doctor’s stationery or prescription pad including the following information:
 - a. Doctor’s name and phone number
 - b. Child’s name
 - c. Name of medication
 - d. Dosage and time to give medication
 - e. Diagnosis and reason for the medication to be given in school

2. A written parental permission form (Parental Authorization for Administration of Medication).signed by at least one parent/guardian, but preferably by both parents.

PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Intending to be legally bound, we hereby expressly authorize any staff member of Kingdom Kids Christian Preschool a ministry of Mt. Lebanon Evangelical Presbyterian Church, 255 Washington Road, Pittsburgh, 15216, to administer

the medication _____ for _____
(reason for medication)

to _____ in accordance with his/her physician’s order
(Child’s Name)

in writing, dated _____, a copy of which is attached.

We agree to notify the director of Kingdom Kids in writing of any change relating to such prescribed medication and/or its administration.

(Signature) Mother/Guardian

(Signature) Father/Guardian

Date

Date