

Moorestown Extended Day Care
EPI Pen Administration Permission Form

Date: _____

Child's School _____

Child's Name _____

Child's Grade _____

As the Parent/Guardian/Custodian of the above listed child, I give permission to the EDC staff delegates to administer an EPI-Pen to my child, if needed, according to the Physician's signed instructions on the bottom section of this form.

Please list any symptoms the EDC staff must watch for in order to administer, if necessary, due to an allergic reaction:

By signing this document, I give permission for my child's health care provider to share information about administration of this medication with the EDC administrator.

Parent/ Guardian/Custodian (Print)

Parent/ Guardian/ custodian (Signature)

Date

- **Please return completed form, with labeled medication, to EDC site supervisor or EDC Office.**

Health Care Provider Authorization to Administer Medication in Child Care

Child's Name _____

Birthdate: _____

Medication: _____

Dosage: _____

When should EPI Pen be administered?(Indicators)

Special Instructions: _____

Purpose of Medication: _____

Side effects that should be reported: _____

Start date: _____

End date: _____

Signature of Health Care Provider

License Number

Phone Number

Date