



Parent Consent to Administer Medication for a Life Threatening Illness

We, _____, give permission to SEYCo
Nursery School to administer the following medication to our child,
_____, in the event of a life threatening illness.

Medication: _____

Dosage: _____

Refrigeration Required: Yes or No (circle)

Symptoms when medication is to be administered:

We have provided the school with the following:

- A note signed by the child's doctor verifying medication, all dosage information and symptoms under which to administer medication.
- Medication in the original container labeled with the child's name, medication dosage and instructions.
- In case the school has to administer this medication we are aware that SEYCo Nursery School, Inc. will activate the 911 system to administer care for the life threatening illness. SEYCo Nursery School, Inc. will then contact the child's emergency contact(s) provided.

We, _____, also hereby acknowledge that SEYCo
Nursery School, Inc. will not be liable in the event of a reaction to the medication. We
will also provide SEYCo Nursery School, Inc. with any additional information pertaining
to our child's life threatening illness, so they are able to treat our child in the most
effective manner.

Child's Name Print

Class

Parent(s) Name Print

Parent(s) Signature

Doctor's Name and Phone Number

Child's Emergency Contact
Phone Number