



Emergency Medication Authorization and Receipt of Childcare Guidelines Form

Child's First and Last Name: _____

I have received a copy of the Childcare Guidelines, and understand I am responsible for adhering to them.

Parent or Guardian Signature _____ **Date** _____

Please check the statement that applies – Box 1, 2, 3 or 4:

- 1 ☐ My child does not have any known allergies (no physician signature is required).
- 2 ☐ My child has allergies but does not require the use of an epinephrine auto injector (epi pen) or inhaler.
- 3 ☐ My child uses an epinephrine auto injector (epi pen) or inhaler (physician signature is required).
- 4 ☐ My child has special needs that I wish to be taken into consideration when under Childcare supervision.

Parent or Guardian Signature _____ **Date** _____

If your child uses an EPI-PEN, please continue to fill out this form. If they do not use an EPI-PEN, you are finished.

I give permission for _____ to SELF-ADMINISTER the medication as prescribed above. I agree to the terms of the procedure as stated on the reverse side of this request. It is understood that in instances where the member self-administers medication, Four Seasons Association, staff, or designee shall not in any way be responsible that said member administers the proper medication or dosage. A member who self-administers medication shall be solely responsible for the administration of the proper dosage, and the parent(s) or legal guardian agree to save and hold harmless, completely release and excuse Four Seasons Association and its employees of any liability or obligation of any kind and/ or nature.

Parent or Guardian Signature: _____

Member ID #: _____ Phone #: (____) _____ Date: _____

Child's ID#: _____

TO THE LICENSED PRESCRIBER:

When it is necessary for a member to receive medication according to the procedure on the reverse side of this form, the following information MUST be provided:

Child's Name: _____ Date of Birth: _____

Medication & Dosage: _____ Time to be given: _____

Diagnosis of Disease or Injury: _____

Desired Benefits of Medication: _____

Other medication member is receiving: _____

Physician's Name: _____ **Date:** _____

Physician's Signature: _____ **Phone:** _____



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Childcare Coordinator Signature: _____ Date Received: _____

Filling out the Emergency Medication Authorization, Waiver of Liability and Receipt of Childcare Guidelines form:

A completed (signed) form must be on file for your child to enter the childcare room.

Please sign at the top indicating you have received the Childcare Guidelines (separate document).

For the Emergency Medication Authorization portion, please:

State your child's name, dosage of medication, name of medication, and times to be given.

If an allergy is present, a physician's note will need to be on file stating whether the child uses an epinephrine auto injector (epi pen) or inhaler.

If your child uses an epi pen or inhaler they will be required to bring the medication with them in order to enter the childcare room. There are no exceptions to this policy.

For children who are not able to self-administer the epi pen, a Four Seasons employee will, if possible, assist the child with the medication when/if needed.

This form is considered completed when ALL information is filled in, including a physician's signature if needed.

If there is a change in your child's medication or dosage, please complete and return an updated *Emergency Medication Authorization, Waiver of Liability and Receipt of Childcare Guidelines form* to Childcare including a physician's signature.

If your child no longer uses the medication, you will complete and return an updated *Emergency Medication Authorization, Waiver of Liability and Receipt of Childcare Guidelines*, but it does not need to be signed by a physician.

If you have questions, please ask a childcare staff member for assistance.

Thank you.