

Haymarket Baptist Church Preschool & Kindergarten Written Medical Consent Form 2023-2024

One form must be completed for each medication. Multiple medications cannot be listed on one consent form. HBCPK only dispenses epi-pens, Auvi-Q, Benadryl, inhalers required for severe food, airborne or chemical allergies in order to prevent or assist with a medical emergency. Routine over-the-counter medication (fever reducers, seasonal allergy medicine etc) or other prescription drugs are not given unless consideration is given by the HBCPK Council. Parent completes all blocks except those requiring the signature of HBCPK staff.

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:
7. Identify the symptoms that will necessitate administration of medication:		
8. Procedure you would like to see followed if medication is given:		
9. Permission to transport your child by emergency vehicle in the case of severe reaction or response, or potentially life threatening emergency. Parent Signature: _____		
10. Possible side effects to this medication to watch for include:		
11. What action should HBCPK take if side effects are noted: <input type="checkbox"/> Contact parent <input type="checkbox"/> Contact Doctor at phone number provided below <input type="checkbox"/> Other (describe):		
12. Additional special instructions: (Include any concerns related to possible interactions with other medication or child's age, allergies or pre-existing conditions, include follow-up instructions if epi-pen is given):		
13. Reason the child is taking the medication (unless confidential by law):		
14. Date medication expires:		
15. Name and telephone number of prescribing doctor:		
16. I verify the above information complete and indicates all information needed to care for my child medically or in the event of a medical emergency: <div style="text-align: right; margin-top: 10px;">Parent Signature: _____ Date: _____</div>		
17. Signature of authorized HBCPK staff member: _____ Date: _____		