

Medical Release Form

No medication will be given by St. Johns Presbyterian Kindergarten & Preschool without my signed permission. All medication sent into the school by me will be in the original container with my child's name, the name of the prescribing physician, medication name and the medication directions written on the label. An authorization form will be maintained and only valid for the duration of the current prescription.

I give my permission to St. Johns Presbyterian Kindergarten & Preschool to authorize trained medical personnel, i.e. EMT or firefighter, to perform any medical procedures that they consider lifesaving or in the best interest of my child.

Parent's Signature: _____

Date: _____