

**Moorestown Extended Day Care**

**EPI Pen Administration Permission Form (Complete If applicable)**

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:

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**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)

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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