

First Christian Church
Narrows, Virginia
Preschool

Health Plan For Preschool Students

The First Christian Church, Narrows, Virginia, Preschool Guidelines, Revised 2008, states in SCHOOL POLICY, 4. – “No medications are given by Preschool Staff. However, first aid treatment will be administered as necessary.”

The preschool staff recognizes there are times when extreme emergency medications may need to be administered, such as an inhaler for asthmatic attacks or an epi-pen for an allergic reaction. Children receiving this type of prescribed medication must have written permission with instructions permitting the preschool staff to administer the prescribed medication. The medication must be given to the preschool staff by the parent or guardian for safe storage.

The preschool staff reserves the right to refuse a student staying at preschool if the staff feels unqualified to administer the necessary emergency medication. Arrangements to return the student to class must be completed as soon as possible.

Parents/legal guardians are required to complete a Consent For Administering Prescription Medication for each student who may require emergency medication.

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Student Health Plan

I give permission for my child _____, whose date of birth is _____, to have the following medication administered in an emergency situation following the below listed steps of administration.

I agree to keep all medication up to date.

I agree to have the First Christian Church, Narrows, Preschool staff to act on my behalf to determine if additional medical procedures are needed.

I understand and accept that the staff of First Christian Church, Narrows, Preschool, the members of First Christian Church, Narrows, and the trustees of First Christian Church, Narrows, are not responsible for any effects of the medication administered.

I understand the staff of First Christian Church, Narrows, Preschool will notify me in writing when an emergency medication is administered to my child.

(signature of parent or legal guardian)

(date)

Medication to be administered: _____

Procedure For Preschool Staff To Follow For Administering Medication To My Child	
1. Contact _____ (e. g., mother, father, grandparent, legal guardian) at _____ (phone number) to get permission to administer medication.	
2. If contact cannot be reached, the following steps will be followed:	
3.	
4.	
5.	
6.	

PLEASE ENSURE THE CHILD'S PHYSICIAN COMPLETES THE SECTION ON THE BACK

(continued on back)

7.
8.
9.
10.
11.
12.

PHYSICIAN'S STATEMENT

I have read and approve the procedure for administering emergency medication as listed by

_____, parent/legal guardian of

(name of parent/legal guardian)

_____.

(name of preschool student)

(print name of physician)

(signature of physician)

(physician's street address)

(physician's office telephone number)

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Notification Concerning Administration
Of Emergency Medication

Dear _____:

I took the following emergency action for your child:

Student name: _____

Reason for action: _____

Procedures followed:

Result of treatment: _____

Recommendations for follow-up treatments: _____

Signature of Preschool Staff Administering Medication

Date of Administering Medication