



**St. Andrew Academy
After School Care Program**

7724 Columbine Drive Louisville, Kentucky 40258 (502) 935-4578 ext. 239

EMERGENCY MEDICATION ADMINISTRATION FORM

Child's Name: _____ Birth Date: _____

Parent Name

Home Address

Home Phone

Health Insurance Provider

Group Number

ID Number

Child's Prescribing Physician

Office

Phone Number

Parent/Guardian Signature

Date

To be completed by Prescribing Physician

PLEASE PRINT INFORMATION AND INSTRUCTIONS for administration of specified EMERGENCY medications for above child.

Child's condition/illness _____

Medication to be administered _____

Dosage Amount _____ x times of day _____

Instructions on how to administer specified medication _____

Prescribing Physician's Signature

Date

The above signatures agree that permission is given for St. Andrew Academy After School Care Program personnel to administer the above emergency medication in the case of a life-threatening condition occurring while attending St. Andrew Academy After School Care Program.