



**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

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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.