

C S S PRESCHOOL AND KINDERGARTEN

9768 VERREE ROAD

PHILADELPHIA, PA 19115

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preschool@shareshamayim.org

Director: Rebecca Tyer Assistant Director: Jill Borine



MEDICAL EMERGENCY PERMISSION

FOR ADMINISTRATION OF EPI-PENS AND INHALERS

We give permission to the staff of Congregations of Shaare Shamayim Preschool and Kindergarten to administer _____, for _____
MEDIATION NEEDED MEDICAL CONDITION
to our child _____, in the event of an emergency.
CHILD'S NAME

We absolve the C.S.S. Preschool Staff and Shaare Shamayim Synagogue from all liabilities from the administration of the medication or the effects of the medication given. It is understood that the medication will be provided by the parents. Parents will be notified if the medication needs to be administered. In the event a parent cannot be reached, the medication will be administered, and parents will be notified as soon as possible.

Please sign and date below:

PARENT/GUARDIAN SIGNATURE

DATE