

**Lamb of God Early Childhood Ministry
Allergy Action Plan and
Permission for Medication Form**

1401 Cross Timbers Road, Flower Mound, TX 75028
972-539-0055 Fax: 972-539-8194

This form must be completed and returned to the Preschool office in order for any medication (including Epi-Pen) to be administered to your child.

Child's Name _____ Birthdate _____

Allergy or Medical Condition:

Briefly describe what happens to your child during an allergic reaction:

Please explain treatment plan if your child develops an allergic reaction/medical condition:

- _____
- _____
- _____
- _____
- _____

I authorize Lamb of God Early Childhood Ministry Preschool to administer the medication listed below to my child:
Medication must be in its Original Container with Child's Name clearly noted on label.

Name of Medication

Dosage

Name of Medication

Dosage

Name of Medication

Dosage

Name of Medication

Dosage

I understand and agree that Lamb of God Early Childhood Ministry Preschool and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's Allergy Action Plan and Permission for Medication form. I understand that the school and its employees will use reasonable care in doing so.

Signature of Parent

Date

Signature of Physician

Date

