



NURSERY SCHOOL CONSENT FORM

EPI-PENS AND INHALERS

AUTHORIZATION & RELEASE FOR EPI-PENS AND INHALERS

- Epi-Pen (check if your child may need an Epi-Pen administered during school hours)
 - Child will be carrying Epi-Pen on his person
 - Teacher will be carrying Epi-Pen on his person
- Inhaler (check if your child may need an inhaler administered during school hours)

Directions for use:

I/we hereby request that administration of the above noted medication as provided. I/we understand that the service will be provided by a person without medical or nursing training. All training will be the parent's responsibility. I/ we agree to provide A Gym Tale with an updated medical statement if there is any change in the physician's instructions with respect to medication.

I/we hereby release A Gym Tale Children's Play & Development, its employees and agents from all manner of actions, causes of action, suits, losses, damage or injuries, however caused, arising out of the administration or failure to administer medication as provided herein.

Date: _____ Parent(s) Signature: _____