



FARMS, FURBABIES & FRIENDS INC.
Medical Information & Consent for Emergency Medication

Phone: 403-505-7758

Email: FarmsFurbabiesFriendsInc@yahoo.com

Child's Name: _____ Date of Birth: _____ Gender: M or F or X

Class Day & Time (please circle):

M/W @ 9:00am T/TH @ 9:00am F @ 9:00am
 M/W @ 1:00pm T/TH @ 1:00pm

Medical Condition(s): _____

Parent(s) Contact:

Phone #: _____ Phone #2: _____ Relationship: _____

Emergency Contact:

Phone #: _____ Phone #2: _____ Relationship: _____

Symptoms of Medical Condition (Please print clearly): _____

I hereby give permission to all staff of **Farms, Furbabies & Friends Inc. Preschool** to administer the following medication(s) to my child in the event of an emergency and in accordance with the directions as outlined by the medical prescription located on the medication container.

I release **Farms, Furbabies & Friends Inc. Preschool** from any liability and/or negligence associated with the administration of this medication(s).

Medication 1: _____ Dosage 1: _____ Medication 2: _____ Dosage 2: _____

Emergency Response by staff (Please print clearly): _____

Date	Time	Medication	Dosage	Signature

Parent's Name (Printed): _____

Parent Signature: _____

Date: _____