



## Medical Release Form

**ALL medications should be administered at home.  
The only exceptions are asthma inhalers and EPI Pens.  
All medications will be kept in a safe location.  
Please provide medicines in the original pharmacy labeled bottle.**

I am giving First Reformed Church Preschool authorization to administer medication to my child, \_\_\_\_\_  
Name of child

I understand that I am responsible to send the child's refill medications on a regular basis, if needed. I also understand that I must inform the First Reformed Church Preschool staff of any medications-related instructions or any changes in the child's medication regimen.

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Date