



Christ Presbyterian Preschool

A Ministry of Christ Presbyterian Church, Fairfax

Growing children ages 2-5 for over 20 years

12410 Lee Jackson Memorial Hwy, Fairfax, VA 22033
703-691-9120 cppenrollment@cpcfairfax.org
www.cpp.cpcfairfax.org

MEDICATION AUTHORIZATION FORM For BENADRYL (brand or generic form)

Parent or Guardian to complete

I hereby authorize Christ Presbyterian Preschool (CPP) personnel to administer Benadryl (brand or generic form) directed by the parent/guardian listed below. I agree to release, indemnify, and hold harmless CPP and any of their officers, staff members or agents from lawsuit, claim, expense, demand or action against them for administering the medication provided they follow the instructions as written below, which must match the label or medicine container. I am aware that the medication may be administered by a specifically trained non-health professional. The medication will be kept in the school office.

Student Name _____ Date of Birth _____

Parent or Guardian signature _____ Date _____

Emergency phone #1 _____ Emergency Phone #2 _____

If the above parent cannot be reached, we will call the following in the order listed:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Medication Name: _____

Dosage and times to be administered: _____ (must match label on medicine container)

The medication will be given immediately after report of exposure to:

(Indicate specific allergen or type of exposure (e/g. ingestion, skin contact or inhalation))

The following are signs and symptoms to look for in case we are unaware an exposure has taken place:

This authorization is effective from: _____ until further notice from parent/guardian
(start date)

If medicine is administered, parents or guardians will be contacted immediately.