2017-2018
Medication / Emergency Release Form
The University of Alabama in Huntsville
Early Learning Center

I hereby authorize the Director, Lead Teacher, and/or Nurse/LPN to administer medication as prescribed by a physician to my child. I hereby authorize the Director, Lead Teacher, and/or Nurse/LPN to administer Children's Tylenol/Motrin and Children’s Benadryl in medical and/or emergency situation.

__________________________________________
Signature of Parent/Guardian

_______________________________
Date

In the case of emergency, I hereby authorize the staff of UAH Early Learning Center to seek immediate medical attention. Parents will be contacted while en route to hospital.

__________________________________________
Signature of Parent/Guardian

_______________________________
Date

I understand that I will be responsible for any medical expenses incurred during emergency treatment for my child. I understand I am responsible for providing insurance information to the medical care provider.

__________________________________________
Signature of Parent/Guardian

_______________________________
Date

_______________________________
Insurance Provider

_______________________________
Group/Contract Number

I hereby authorize the director, teacher or staff to administer sunscreen to my child.

__________________________________________
Signature of Parent/Guardian

_______________________________
Date