

Providence Christian Academy

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Emergency Medication Administration Form

Providence Christian Academy does not have a school nurse. Therefore, we cannot administer regular medications. In the case of a serious allergic reaction (eg, food allergy), staff will assist a student in self-administration of Benadryl or Epi-pen per medication plan signed by the student’s parent and doctor. Whenever an Epi-pen is administered, 911 is called for transport to nearest hospital and parent/emergency contact will be informed.

Students may self-administer inhalers for asthma with medication plan form signed by parent/doctor (see self-administration permission form.)

Student’s Name _____ Date of Birth _____

Address _____

Parent’s Name _____

Emergency Contact Info. _____

Doctor’s Name/Number _____

Diagnosis _____

Medication _____

Plan of Administration (signs/symptoms for which to administer, dosage and directions for administration)

Physician signature _____

Date: _____

I, the undersigned parent/guardian, hereby request school staff to assist/administer the above emergency medications in accordance with the physician’s instructions. In the case of Epi-Pen administration, 911 will be called for emergency transport. I understand that school personnel are not responsible for any problems arising from the administration of this medication. I understand that school does not have a school nurse on staff.

Parent signature _____

Date: _____