



Anshei Lubavitch Daycare Center

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10-10 Plaza Road, Fair Lawn, New Jersey 07410
201-794-3770 • www.flchabad.com

Permission to Administer Medicine

I hereby request and authorize the Anshei Lubavitch Day Care Center (ALDC) personnel to administer medication to my child as directed by my physician. I agree to release, indemnify and hold harmless ALDC and any of its officers, staff members, or agents from lawsuit, claim demand, or other action against them for administering medication to this student.

ALDC will make all reasonable efforts to give medication in a timely fashion, but the final responsibility for administration of medication rests with the parents. Please note that we require that all medication be in the original prescription bottle or packaging.

PLEASE PRINT CLEARLY

Student's Full Name: _____

Date of Birth: _____ Teacher: _____

I, _____, give permission for my child to receive the following medication as directed by a physician:

Medication: _____

Dose: _____

Time(s) to be administered: _____

Instructions: Please Print Clearly

Signature: _____ Date: _____

Print Name: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Prescribing Physician's Name: _____

Prescribing Physician's Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____