

Providence Christian Academy
385 Chapman St. Greenfield, MA 01301
(Tel) 413-325-3917 (Fax) 413-828-2554
Email: admissions@pcama.org
Website: pcama.org



Authorization for Medication Administration Form (Epi-pen/Benadryl)

Providence Christian Academy does not have a full-time school nurse. Therefore, we cannot administer medications on a regular basis. In the case a student has a prescribed epi-pen or Benadryl, ***school trained personnel can help administer only with this doctor's order form signed/parent signed.*** In the event a student has an Epi-pen and it is administered, 911 is called for transport to nearest hospital and parent/emergency contact will be informed.

Epi-Pen Doctor order/Parent Form

Student's Name _____ Date of Birth _____

Address _____

Parent's Name _____

Emergency Contact (Name and phone #) _____

Doctor's Name/Clinic/Number _____

Diagnosis _____

Medication _____

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

Physician signature _____

Date: _____

I, the undersigned parent/guardian, hereby request school staff to assist/administer the above 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: _____