



## Authorization to Administer Medication

### To be completed by parent:

Child's Name	Parent's Name
Address	Cell #
Home #	Work #
Child's Teacher	Class
Parent/Legal Guardian's Signature	Date

Please list the causes of your child's allergic reaction:

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Please describe the symptoms your child will exhibit during an allergic reaction:

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Please describe the steps that should be taken to treat the allergic reaction:

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Hillside Preschool  
113B South Hillside Avenue  
Succasunna, NJ 07876

p. 973-584-6040  
f. 973-860-2243  
e. [office@hillsidepreschoolnj.com](mailto:office@hillsidepreschoolnj.com)