



Non-Allergic Medical Condition Protocol
and Authorization to
Administer Medication (if needed)

PLEASE NOTE

All medications need to be in the original box with dosage listed
and dosage cup provided.

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 describe & list the causes of your child's medical condition:

Please describe the symptoms your child will exhibit, if an episode occurs at school:

Please describe the steps that should be taken to treat your child during an episode: