



QUAKER LANE COOPERATIVE

144 South Quaker Lane
860.523.9550
West Hartford, CT 06119
www.quakerlane.org

Permission to Transport And Permission to Administer Medication Authorizations

Permission to Transport

Child's Name _____ Date of Birth _____

I/We the Parent/Guardian of the above named child, give our permission for him/her to be taken to the Connecticut Children's Medical Center by ambulance if the necessity arises and the QLCNS teaching staff cannot reach us or the child's doctor. We further give our permission for any of those individuals listed on our Emergency Contact Form to remove our child from the premises of the school and transport them in their vehicle if an emergency arises.

Parent/Guardian Signature and Date _____

Parent/Guardian Signature and Date _____

Permission to Administer Medication

I/We the Parent/Guardian of the above named child, give our permission for the QLCNS teaching staff to administer medications to your child. Quaker Lane will only administer emergency medications which include prescribed inhalers and premeasured commercially prepared injectable medication (i.e. Epi-pens, Auvi-Q, etc.), non prescription topical medication and EMERGENCY oral medications (i.e. Benadryl). The parental responsibilities include providing the center the proper medication authorization form, and the medication. The medication administration form must be signed by the authorized prescriber and parent/guardian giving Quaker Lane authorization to administer the medication.

Parent/Guardian Signature and Date _____

Parent/Guardian Signature and Date _____