



Medical Authorization

Child's Name _____ Age _____

List Known Allergies:

Does your child need an epi-pen? Y N

Does your child require Benadryl? Y N

If yes, please provide a doctor's note or prescription for KDO Preschool.

If your child is injured at school we will:

- Wash wounds with soap and water and water and, if needed, cover with a latex bandage.
- Put an ice pack on bumps and bruises.
- Put an ice pack on bug bites

With your permission, we will also use the following: please circle Y (yes) or N (no)

- Hydrogen Peroxide Y N
- Triple Antibacterial Ointment Y N
- After-Bite Y N

Parent Signature _____

Date _____