

## REFUSAL TO PROVIDE MEDICATION

PROGRAM SITE: City of Westminster Preschool

From: \_\_\_\_\_  
*(parent/guardian name)*

Regarding: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
*(child's name)*

When I enrolled my child at your school/site, I informed you that my child has the following medical condition: \_\_\_\_\_. However, at this time I do not wish to supply you with any medication for the above-mentioned condition and I take full responsibility for any reactions or problems related to my child's condition while he/she is in your care.

I acknowledge that I have been informed that if any emergency situation occurs, 911 will be called to provide care for my child. I also understand that if 911 is called, I am financially responsible for any bills incurred.

I have reviewed this with my child's medical care provider and their signature is below to concur with my decision in regards to my child's medical condition.

<i>***Parent/Guardian Signature:</i>	<i>Date:</i>
<i>Parent/Guardian Printed Name:</i>	
<i>***Signature of Health Care Provider:</i>	<i>License Number:</i>
<i>Health Care Provider Printed Name:</i>	
<i>Date:</i>	<i>Phone Number:</i>