

Pediatric Nurse Consulting Services, LLC



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To: Staff at _____

From: _____

Re: _____ Date of Birth: _____

When I enrolled my child at your school/center/program, I informed you that my child _____ does have the following medical condition _____ However, at this time I do not wish to supply you with any medication for the above-mentioned condition and do take full responsibility for any reactions or problems related to my child's medical condition while 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 have also 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.

Sincerely,

Parent or Guardian Signature

_____ Initials: I am aware that I need to

Return this form with a doctor's signature

Printed Name

Date _____

Primary Health Care Provider _____

Printed Name _____

Date
