



**Lenape Valley Presbyterian Church Nursery School**  
**P.O. Box 5066**  
**Route 202 and Ute Road**  
**New Britain, Pennsylvania 18901**  
**215-230-8747**

**MEDICAL RELEASE/ DISPENSATION FORM**

We, the undersigned, authorize the staff at the Lenape Valley Presbyterian Nursery School to administer any medical attention to our child while attending the class session. We understand that if any medication is warranted we will provide that medication to the staff and it will be in its original container with the directions included. We understand that any doctor or ambulance fees incurred will be our responsibility.

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Mother(or guardian)

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Father(or guardian)

Date \_\_\_\_\_