Medication Release Form

Child's Name:				
_				
	give			
instructio	er the following medication to ons, I will not hold my provide my child receiving this medica	r liable for any reactions		
resuit of i	my child receiving this medica	uon.		
Signature of Parent:				
To be fill	ed out completely:			
Today's l	Date:			
	Medicine:			
	or Needing Medicine:			
	tart: Da			
	be administered:(_ (am/pm)	
	to be administered per dose:			
	e sure dosage and unit of measure is acc	urate).		
	Refrigeration: Yes / No Reactions:			
Possible	Reactions:			
My child	has had this medicine before:	Ves / No		
•	a reaction to this medicine: Y			
	ease give details of reaction	CS / TVO		
ii yes, pie	case give details of reaction			
	se Only: (to be kept in child's file)			
	is in original containers: Yes			
	beled with child's name: Yes	No No		
Expiratio	n Date Checked: Yes / No			
D.	D 41.1.4.1	TD: A 1 1	a:	G
<u>Date</u>	Dosage Administered	<u>Time Administered</u>	<u>Signature</u>	<u>Comments</u>
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