

# Medication Release Form

*Please Write Clearly*

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Date(s) Medication is to be given: \_\_\_\_\_

Time(s) Medication is to be given: \_\_\_\_\_

Dosage/Amount to be given: \_\_\_\_\_

How the medication will be given: \_\_\_\_\_

Disease or condition being treated: \_\_\_\_\_

I hereby give my permission for the provider to administer this medication according to the instructions above. I agree that the provider will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for the reimbursement of any medical expenses resulting from such action.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.

## Medication Administration Record

Date	Time	Dosage	Administered by	Adverse Reactions	Administration Errors

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*Please Write Clearly*

## Medication Administration Record (continued - must have first page attached)

Date	Time	Dosage	Administered by	Adverse Reactions	Administration Errors