Medication Release Form

This is for both prescribed and non-prescribed medication. If RX information is not on the medication, please attach a copy of the RX or send one to firststeps@katysfirst.org.

Child's Name & Class:_____ Date of Birth:_____

Name of Medication:_____

Condition Being Treated: _____

Date(s) Medication is to be Given: _____

Time(s) Medication is to be Given:_____

Dosage / Amount to be Given:_____

Method of Administration (for example, orally, topically, nasally, etc.):_____

Possible Side Effects or Interactions with Other Drugs: _____

_____

When to Administer Medication / Instructions: _____

_____

_____

_____

I hereby give my permission for the staff to administer this medication according to the instructions above. I agree that the staff 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 or Guardian Date

Medication Administration Record					
Date	**Time**	**Dosage**	**Administered By**	**Reactions**	**Administration Errors**