



Medication Release Form

Child's Name	Date of Birth
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Terms and conditions under which we will administer medicine:

- Medicine must be in the original container, have the child's name and must have expiration date.
- Instructions on the bottle must have recommended dosages for your child's age
- We generally administer medication only at **NOON**
- This Medical Release Form must be filled out weekly

Start Date:	End Date: (maximum of one week)
Name of Medication:	Medical Problem (reason for medication):

Dose:	
Time:	<input type="checkbox"/> Noon <input type="checkbox"/> Other
Additional Instructions:	

Are you administering this medicine at home? Yes No

Times medication is given at home: _____

Has your child ever had this medicine before? Yes No

Was there a reaction to this medicine? Yes No

If yes, please describe _____

I give permission to Cedar Crest Academy to administer the above medicine to my child according to the above guidelines. I will not hold Cedar Crest Academy responsible for any allergic reactions or other complications resulting from the administration of the above medication.

Parent Signature

Date

Please give this completed form and medicine to the cook for proper storage.