



## SCHOOL OF ENRICHMENT MEDICATION RELEASE FORM

Absolutely NO medication (including non-prescription medication) will be administered without this form.

### NON-PRESCRIPTION MEDICATIONS

**\*\*TO BE COMPLETED BY PARENT/GUARDIAN:**

Child's name \_\_\_\_\_

Drug Allergies (if none, state none) \_\_\_\_\_

**Names of authorized medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PRESCRIPTION MEDICATIONS

**\*\*I request that my child be administered the prescription medication as indicated in the physician's order below.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please provide a copy of the prescription and provide detailed instructions below:**

\_\_\_\_\_  
Name and form of medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Route

\_\_\_\_\_  
Hours to be given

Possible side effects \_\_\_\_\_

Order in effect until (Date) \_\_\_\_\_

\_\_\_\_\_  
Physician/Nurse Practitioner's Name & Phone number