

Medication Release Form

This form allows ECP staff to administer over the counter medication to your child. Parents/guardians must include the exact name of the medication, dosage to be given, time to be given and reason for use. Staff will notify parents that medication was given. This is valid for one year.

_____ may have _____
(Child's name) (Name of Medication)

_____, every _____ for
(Dosage) (Frequency)

_____.
(Reason)

_____ (Parent's/Guardian's Signature) _____ (Date)

Date:

Time:

Dosage:

Staff Signature: