



Homewood Day School Medicine Release Form

New form to be completed daily unless authorized by the office. We cannot administer any medications without the form.

Complete form, printing clearly and in INK.

MEDICATIONS MUST BE PRE-MEASURED!!!!

Today's date: _____

Child's Name: _____ **DOB:** _____

Child's Class: _____

Name of Medication: _____

Dosage: _____

Is this a prescription? Yes _____ **No** _____

Instructions:

If your child is sleeping, do you want us to wake them to give medicine?
Yes _____ **No** _____

Time medication was last given outside of Day School: _____

Times administered during Day School hours:

_____ **AM PM Teacher administering medication:** _____

Witness: _____

_____ **AM PM Teacher administering medication:** _____

Witness: _____

Comments: _____

Original to be sent home daily.

Copy to be placed in student's office file.