



# HDS Medicine Release Form 2011-12

*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 \_\_\_\_\_ Refrigerate? 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-** home daily. **Copy-** student's office file.