



HDS ON-SITE MEDICINE Release Form 2011-12

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** _____

Child's Doctor: _____ **Phone Number:** _____

Pharmacy Name/Phone Number: _____

Reason for medication? _____

When should medication be administered?

Instructions for administering medication:

When was the last time medication was administered outside of Day School? _____

Comments: _____

Original- home. **Copy-** Teacher/Office/Extended Care

Date Medicine Returned to Parent/Guardian: _____