



The Red Apple
 Child Care Center & Preschool
 MEDICATION RELEASE FORM

For _____

Date of Birth ____/____/____

Medications MUST be in original container & stored in classroom or refrigerator.

Doctor's Name _____ Phone Number _____

Medication _____ Prescription Number _____

SPECIFIC time(s) and reason for medication to be given ("as needed" not acceptable):

____am/pm ____am/pm ____am/pm Amount _____ Reason _____

Method of administration _____ Storage _____

Possible side effects _____

Special instructions _____

THIS AUTHORIZATION IS VALID FOR (X) ONLY ONE BELOW:

() Specific Dates of _____ (Starts mid-week or is given on non-consecutive days)

() Week of _____ (Starts on Monday and continues until Friday)

() Month of _____ (Must be for the ENTIRE month)

SIGNATURES: PARENT _____ DATE _____

DIRECTOR _____ DATE _____

MEDICATION ADMINISTRATION:

DAY	DATE	TIME	MEDICATION	AMOUNT	INITIALS

All nonprescription and prescription medications require a written parental authorization. Each prescription will be clearly labeled with the child's name, physician's name, name of medication, dosage and time medication is to be given. Non-prescription medications shall be in the original container and labeled with the child's name.

