



# Medication Release Form

55 Pa. Code §3270.133; §3280.133; §3290.133

Child's Name:	Physician's Name and Contact Number:
Name of Medication and Dosage To Be Given:	Prescription or Over The Counter:
Refrigeration Required:	Length of Time Medication Is To Be Given
How Often Is Medication To Be Given While in Care?	If Specific Time for Medication Please List Here If as needed please write "As Needed By Parental Request".

I (the Parent or Guardian)\_\_\_\_\_give consent for the above medication to be given as listed above.

Parent Guardian Signature:\_\_\_\_\_Date:\_\_\_\_\_

I (the Physician) have reviewed the above information and attest that it is correct.

Physician's Signature:\_\_\_\_\_Date:\_\_\_\_\_

# Log

This Log Belongs To (Child's Name): \_\_\_\_\_

Date	Time	Dosage	Reason	Staff Signature

Add Additional Log Pages As Needed