



Over the Counter
Topical Release Form
2023-2024 School Year

Claudia Miller, Director, 425-271-3206
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850 Union Ave NE, Renton WA 98059

Student Name: _____ Birthday: _____ Age: _____

*The Orchards does not provide any Oral or Topical Medications or Sunscreen. They must be brand new and unopened. Per WA State guidelines, need to be replaced every 6 months.
There needs to be a separate form per medication.

Type of Topical
(Circle one)

Sunscreen

Diaper Cream

Lotion

Name of Topical: _____

Expiration Date: _____

Active Ingredients: _____

Diaper Cream Times to be Applied:
<input type="checkbox"/> when rash is present
<input type="checkbox"/> with every diaper change
<input type="checkbox"/> other: _____

Sunscreen Must be replaced every 6 months
Date Turned in: _____
Date to Return Home: _____

I authorize the use of the above Over the counter Topical on my child.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

*Topical medications prescribed by a Physician is a different form and requires a Physicians Note.



Over the Counter
Oral Medication Release Form
2023-2024 School Year

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Student Name: _____ Birthday: _____ Age: _____

*The Orchards does not provide any Oral or Topical Medication or Sunscreen. They must be brand new and unopened. Medication supplied in original container ONLY is accepted. Oral medications should be replaced every 6-12 months. Medications are only administered by a Supervisor.

Type of Oral Medication
(Please circle one)

Tylenol

Ibuprofen

Cough Medicine

Dosage: _____ Just in case of fever: (✓) _____ Time of day to be taken: _____

Reason for medication to be given during school hours: _____

Possible Side Effects: _____

Any special instructions: _____

I certify that I am the parent/legal guardian of the identified student and request and authorize school admin staff to administer the identified medication as stated.

Signature of Parent/Guardian

Printed Name of Parent/Guardian and Phone Number

Date

*Oral medications prescribed by a Physician is a different form and requires a Physicians Note.



Prescription Release Form
2023-2024 School Year

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Student Name: _____ Birthday: _____ Age: _____

*The Orchards does not provide any of the following. It is up to the family to provide the oral medications for the child.

Type of Medication: _____