



## MEDICATION RELEASE FORM

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

\_\_\_\_\_

Dosage Instructions for Medication \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Phone #s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name of Volunteer  
responsible for medication

\_\_\_\_\_  
Signature of Volunteer  
responsible for medication