



Sunshine School

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Medication Release Form

Child's Name: _____

I, _____ give permission for my caregiver, _____ to administer the following medication to my child. I understand that when medication is given according to instructions, I will not hold my provider liable for any reactions or complications that may follow as a result of my child receiving this medication.

Signature of Parent: _____

To be filled out completely:

Name of Medicine: _____

Reason for Needing Medicine: _____

Date to start: _____ Date to finish: _____

(please note that I will not administer medication for more than 10 consecutive days).

Times to be administered: _____ (am/pm) and _____ (am/pm)

Amount to be administered per dose: _____

(please make sure dosage and unit of measure is accurate).

My child has had this medicine before: Yes No

They had a reaction to this medicine: Yes No

If yes, please give details of reaction: _____

Office Use Only: (to be kept in child's file)

Medicine is in original containers: Yes No

Bottle Labeled with child's name: Yes No

Expiration Date Checked: Yes No

<u>Date</u>	<u>Dosage Administered</u>	<u>Time Administered</u>	<u>Signature</u>	<u>Comments</u>
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