



CANYON GROVE
A C A D E M Y

Medication Release Form

I _____ give Canyon Grove Academy
permission to administer medication to my child:

Name: _____ Grade: _____

Name of medication: _____

Time of day to administer: _____

I understand that I must provide medication in its original bottle,
and I must notify the school immediately if there are any changes
in my child's prescription(s).

Signature _____ Date _____



Authorization for Medications to be Taken during School Hours (Sample Form)

The following section is to be completed by the PARENT:

| | | | |
|--|---------------------------------|------------------|-----------------------|
| School _____ | | | |
| Child's Name: _____ | _____ | _____ | _____ |
| (Last) | (First) | (Sex) | (Date of Birth) |
| Health Care _____ | Address _____ | Telephone _____ | |
| Provider's Name _____ | | | |
| <p>I give permission for exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regime. I request that my child be assisted in taking the medicine(s) described below at school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician (see below).</p> | | | |
| Date _____ | Parent/Guardian Signature _____ | Home Phone _____ | Emergency Phone _____ |

The following is to be completed by the PRESCRIBER:

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|--|
| Diagnosis for which medication is given: |
| Name of Medicine |
| Form |
| Dose |
| If medicine to be given DAILY, at what time? |
| If medicine to be given "WHEN NEEDED," describe indications: |
| How soon can it be repeated? |
| Is child authorized to medicate herself/himself? |
| List significant side effects: |
| Length of time this treatment is recommended: |

Other Information:

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| |

Date: _____ Prescriber Signature: _____

Adapted: The American College of Allergists