Just 4 Kids Adventures
Child Development Center
Riverton / Orem
446-8869 / 221-2900

# MEDICATION RELEASE FORM

Name of Child_____Age_____ Date_____
Name of Medication_____
Condition being treated_____
Phyician Name_____Phone #_____

Dates to be given_____Time to be given_____
Dosage to be given_____
Method of Administration (orally, topically, nasally)_____
Possible side effects or interactions with other drugs_____
_____
Emergency phone number to call_____

I hereby give my permission for Just 4 Kids Adventures to administer this medication according to the above instructions. I recognize the staff will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for reimbursement of medical expenses resulting from such action.

_____ _____
Signature of Parent or Guardian Date

MEDICATION RECORD

| Date | Time | Dosage | Administered by | Errors in Administering | Reactions if any |
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