



Homewood Day School Medicine Release Form 2016-17

**New form to be completed daily unless authorized by the office.*

***We cannot administer any medications without the form.*

Complete form, printing clearly and in INK.

MEDICATIONS MUST BE PRE-MEASURED!!!!

Child's Name: _____ DOB: _____ Date: _____

Child's Teacher: _____

Name of Medication: _____ Dosage: _____

Is this a prescription? Yes _____ No _____ Refrigerate? Yes _____ No _____

Instructions:

If your child is sleeping, do you want us to wake them to give medicine? Yes _____ No _____

Time medication was last given outside of Day School: _____

Times administered during Day School hours:

_____ AM PM Teacher administering medication: _____

Date: _____ Witness: _____

_____ AM PM Teacher administering medication: _____

Date: _____ Witness: _____

_____ AM PM Teacher administering medication: _____

Date: _____ Witness: _____

_____ AM PM Teacher administering medication: _____

Date: _____ Witness: _____

_____ AM PM Teacher administering medication: _____

Date: _____ Witness: _____