GLENDALE COMMUNITY COLLEGE
CHILD DEVELOPMENT LABORATORY SCHOOL

MEDICAL DOSAGE RELEASE FORM

The Child Development Center will **only** dispense prescription medication to children. Any non-prescription medicine, such as aspirin, throat lozenges, cannot be given without a physician's written directions. Follow the procedure, then complete this dosage form and bring to your child's teacher.

Procedure:

- Make sure medication is in a child-proof container. **OTHERS WILL NOT BE ACCEPTED.**
- Fill out this dosage form completely.
- Label the medicine with the child's name and dosage. Medications must be dated.
- Take dosage form to child's teacher.

Please fill-in the following information completely

Date _____

Child's Name _____ Classroom_____ Date of Birth_____

Medication _____ Dosage _____

Possible Side Effects _____

Attending physician _____

Attending physician's telephone number _____

I authorize child care personnel to assist in the administration of medication(s) described above to the child named above for the following medical condition(s):

From_____to _____at_____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

Parent/Guardian signature _____ Date_____

Date received _____

Staff member's signature_____

Staff Documentation of Medicine Administration

Date	Time Given	Staff Signature
Date	Time Given	Staff Signature
Date	Time Given	Staff Signature
Date	Time Given	Staff Signature
Date	Time Given	Staff Signature

Upon completion, return medicine to parent or destroy, and place form in child's record

Staff	Date