Medication Release Form

Child's Name: _____ Date: _____

Medication: _____ Dosage: _____

Time to be administered: _____

Method: _____ Special Instructions: _____

Date to begin: _____ Date to end: _____

I authorize any member of the Maryvale administration team to administer the above prescription or non prescription medication as advised on the prescription label or non prescription product label.

Parent Signature: _____

To be Completed by Maryvale Associates

Date	Time Given	Dosage	Method	Signature