



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 _____			
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).			
Date _____	Parent/Guardian Signature _____	Home Phone _____	Emergency Phone _____

The following is to be completed by the PRESCRIBER:

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:

Date: _____ Prescriber Signature: _____

Adapted: The American College of Allergists