\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent's Name Phone Number Date

Merryhill School will administer prescription medications to children ONLY under specific circumstances, as follows:

1. The medication is in the original container.
2. A Parental Medication Release Form is completed by the parent/guardian to include the name of the medication, the dosage to be administered, the time to be administered, and the length of time that the child is expected to be on the medication.
3. Merryhill will not administer any medication without a Parental Medication Release Form and the physician's prescription on the medication.

I hereby authorize Merryhill School personnel to assist in the administration of the medication listed above from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date Date

Physician's release is required for all the over-the-counter medications.

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication and dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times to be given per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Dosage | Signature of person administering | Comments |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |