

MEDICATION RELEASE FORM FOR MEDICATION PRESCRIBED
BY A LICENSED PHYSISIAN OR DENTIST

Date _____

Student's name _____ Homeroom number _____

MEDICATION RELEASE FORM FOR NON-PRESCRIPTION MEDICATION
(over the counter medication such as aspirin or cough syrup)

I hereby give my permission to the staff of Assumption Catholic School to dispense
the following over the counter medication to my child, beginning on _____
and ending on _____
Date Date

Name of medication _____



Please fill out the following information regarding the medications listed in sections A and B

Instructions for dispensing

If there are any side effects of this medication, please indicate _____

Further, I agree to waive any claims of liability that may arise against any school personnel relative to
the administration of medication to my child (or legal ward).

Parent's signature _____ Date _____

This form must of on file in the school office each day any medication is to be taken. Forms are available
in the office

It is the parents' responsibility to advise the school office if the medication dose changes at any time.