## DPS Preschool & Tiger Kids Club Medication Release & Log Form

Form Rec'd By:	
Date: _	

DPSP & TKC Staff have my permission to administer the following medication to my child. I understand that my signature on this form releases the DPSP & TKC staff and School District 879 from any liability that may result from my child's consumption of the medication listed below.

All medication must arrive in its original, clearly labeled, prescription bottle with the:

- Child's Name
- Current Date
- Name of Medication
- Dose & Directions
- Frequency of administration
- Physician's Name

Child's Name:			
Parent Name:		Daytime Phone Num	ber:
Medication to be dispensed:			
Dosage:	At What Time(s):		
Special Instructions (ie. Refrigerate,	etc.):		
Reason for Medication:			
Possible Side Affects:			
Parent Signature:		Date:	

Staff Giving Medication:	Signature:	Date & Time:	Dosage:

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Staff Giving Medication:	Signature:	Date & Time:	Dosage: