



# MEDICATION RELEASE CHART

Child Care Center: Ames Child Care Center Date: \_\_\_\_\_  
 Address: Mailstop N270-1, Moffett Field, CA 94035 Phone: 650-604-5100

- Parents Instruction- Children receiving medication at a day care facility must have:
- 1) Original prescription bottle with drug name, date, child's name, prescribing physician's name.
  - 2) Written consent from parent permitting day care facility personnel to give medication to child and specifying time(s) per day to be given.
  - 3) Any medication, which is to be given for longer than two weeks must have the physician's written instructions as well as his signature in addition to the parent's signature.

\*\* Ames Child Care Center will not be held responsible for any lost medication \*\*

Name of Child: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be Given: \_\_\_\_\_

I hereby authorize the child care personnel to assist in the administration of medications described above from \_\_\_\_\_ until \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**Physician's Release: Required for any medication given for longer then a two-week period.**

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

Name/Dosage of Medication: \_\_\_\_\_

Time(s) to be Given \_\_\_\_\_ Length of Time to be Given \_\_\_\_\_

Date \_\_\_\_\_ Signature of M.D. \_\_\_\_\_

## Medication Chart

Date	Time	Dosage	Signature of person giving	Comments