

## **"Over The Counter" Medication Release Form**

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_ (parent's name) give permission for my caregiver,  
\_\_\_\_\_ (name of caregiver) to administer the following "over the counter medication" to  
my child whom is named above. I understand that when medication is given according to instructions, I will  
not hold my provider liable for any reactions or complications that may follow as a result of my child  
receiving this medication.

Signature of Parent: \_\_\_\_\_

To be filled out completely:

Name of Medicine: \_\_\_\_\_

Reason for Needing Medicine: \_\_\_\_\_

Date to start: \_\_\_\_\_ Date to finish: \_\_\_\_\_

(please note that I will not administer medication for more than 10 consecutive days).

Acceptable to be administered under these circumstances \_\_\_\_\_

Amount to be administered per dose: \_\_\_\_\_

(Please make sure dosage and unit of measure is accurate).

My child has had this medicine before: Yes / No

They had a reaction to this medicine: Yes / No If yes, please give details of reaction:

\_\_\_\_\_

Office Use Only: (to be kept in child's file)

Medicine must be kept in original container.

Bottle must be labeled with child's name.