

# Procedure or Medication Release/Administration Form

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

I, \_\_\_\_\_ (parent's name) give permission for my child's caregiver, Trekkers, to administer the following medication (prescription or over-the-counter) to my child who is named above or allow my child to perform the following procedure. 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. In addition, if a procedure (with supervision of the staff) must be performed by the child, the staff will not be held liable for reactions or complications.

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

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### ***Procedure (to be filled out completely):***

What procedure must be performed? \_\_\_\_\_

How often should it be performed? \_\_\_\_\_

Is the child fully capable of performing the procedure?    Yes    No

If no, how can we assist the child? \_\_\_\_\_

As caregivers, how can we meet the physical needs of your child or help in any other way? Are there possible complications?

### ***Medication (to be filled out completely):***

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

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

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

Acceptable to be administered under these circumstances:

Amount to be administered per dose (including amount of medicine, # of times per day, etc.):

\_\_\_\_\_  
(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.