Medication Request & Release

TRINITY
Early Learning Center

Account Name _____

Child's Name _____

Name of Medication	Dosage/ Directions	Reason for Medication	Possible side effects or reactions
Penicillin	5 ml every 4 hours	Ear Infection	Diarrhea; see Dr. Note

Medication must be in its original container with directions for administering. Staff will follow label's directions.

Additional instructions or exact time to be given _____
_____

_____ _____

Parent's Signature Date

MEDICATION LOG

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