# 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 |
|---|---|---|---|
| *Ex: Desitin Diaper Cream* | *Apply thick layer as needed* | *Diaper Rash* | *None* |
| | | | |
| | | | |

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**

| Date | Time | Dosage | Staff signature |
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| Date | Time | Dosage | Staff signature |
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