Medication Release

I give my permission for Kid Builders' staff to give or apply medication. Prescription medication will be in accordance with the physician's instructions. Prescription medication must be labeled with all the pharmacy information, including child's name and dosage instructions.

By initialing this page after administering each medication, Kid Builders' staff documents they verified the following:

The 5 R's:

The **Right** child received the **Right** medication in the **Right** dose at the **Right** time by the **Right** method.

| Child's Name | | Medication | | |
|---------------------------------|---------------|-------------------------|------|------------|
| Date to begin medication | | Date to stop medication | | |
| Times medication is to be given | | Dosage | | |
| Storage of r | nedication | | | |
| Other direc | tions, if any | | | |
| Parent sign | ature | Date | | |
| Date | Medication | Amount | Time | Staff Name |
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