

Girls Inc of Worcester

Medicine Release Form

I give Girl's Incorporate Staff permission to administer the following medications to _____ (Child's Name)

All medications must be in the original container.
All medications must be prescribed for the child taking the meds.

Name of medication _____ Times to be administered _____

Amount to be taken _____

Special directions for administering _____

Reason for taking this medication:

Name of medication _____ Times to be administered _____

Amount to be taken _____

Special directions for administering _____

Reason for taking this medication:

Parent signature

Date