Medication Release Form
Kid’s Club Kids

My child _____has a prescription for _____to be given at Kids Club Kids (dosage)_____ (time)_____ (purpose)_____.

Possible side effects for this medication are:

_____

_____

Should the dosage, amount or time change I will file a new record sheet with Kids Club Kids.

In consideration of this request I release and waive any and all claims which I now or ever have against Kids Club Kids and it’s employees arising out of the administration of or failure to administer the medication or any adverse reaction by the child to the medication.

Signature:_____
Date:_____

R’cd by: _____

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Medication/Dosage	Week of:	M	T	W	Th	F