

Bennett's Place Medication Release Form

Student Name:

Does your consumer have medication that will need to be administered at our center?

yes no

If yes, what is it?

If yes is checked please let us know if this is a prescription or over the counter medication _____

Dosage:

Frequency:

Time of day:

Any other information that we need to know:

If the medication is prescription your consumer's doctor must sign the form as well as the parent. For over the counter medication only the parent signature is needed. I, _____, parent of _____ authorize the Staff at Bennett's Place to administer the above medication per my instructions. It is my responsibility to submit in writing any changes to my consumer's medication regimen. The Staff will follow this authorization only until another is submitted in writing.

Doctor Signature

Date

Parent Signature

Date