

Kidland Medication Release Form



(Applicable for all OTC and Prescribed Medication)

Child's Name:

I, _____ give permission for my caregiver, Kidland LLC- Nandi, to administer the following medication to my child. I understand that when medication is given according to instructions, I will not hold my provider liable for any reactions or complications that may follow as a result of my child receiving this medication.

Signature of Parent: _____

To be filled out completely:

Name of Medicine: _____

Reason for Needing Medicine: _____

Date to start: _____ Date to finish: _____

(please note that I will not administer medication for more than 5 consecutive days unless the doctor's note is provided).

Times to be administered: _____ (am/pm) and _____ (am/pm)

Amount to be administered per dose: _____

(please make sure dosage and unit of measure is accurate).

My child has had this medicine before: Yes / No

They had a reaction to this medicine: Yes / No

If yes, please give details of reaction: _____

Office Use Only: (to be kept in child's file)

Medicine is in original containers: Yes / No

Bottle Labeled with child's name: Yes / No

Expiration Date Checked: Yes / No

