



Pro-Kids Medication Release/Administration Record

Child's Name _____ Age _____ Date _____

(*To be filled in by child's parent or guardian only).

*Medication	*Dosage	*Route	*Frequency	Time(s) Given	Initials

Medication = name of medication

Dosage = amount or quantity of medication provided

Route = method of administration. i.e., mouth, eyes, nose, skin, inhalation.

Frequency = how often is the medication to be administered?

Time Given = what time or times was the medication administered?

Initials = initials of caregiver administering the medication

Does your child have any known reaction to medication? no---yes

Explain _____

I hereby authorize the Pro-Kids provider to dispense the above mentioned medication to my child according to the instructions detailed above. I also agree to not to hold said provider or Arizona Prohealth, LLC liable for any reactions that may occur to my child as a result of administration of the above medication as requested per my written instructions.

Parents/Guardian's Name (print): _____

Parent/Guardian's Name (signature): _____ Date: _____

Name of Pro-Kids Provider: _____ Date: _____