PHASE FAMILY CENTER

Conset, Waiver, and Release to Administer Non-Prescription Medication

Child's Name: _____ Date: _____

Name/Type of Medication: _____ Expiration Date: _____/_____/_____

Dosage: _____ Method: _____ Frequency: _____

Reason for Medication: _____

_____

_____

_____

Physician Name: _____ Physician Phone: _____

Any Other Instructions: _____

_____

_____

_____

_____ _____

Parent/Legal Guardian Signature: **Date:**

_____ _____

Witness Signature: **Date:**