

# MEDICATION RELEASE

Participant Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

## My Child Does Not Take Medication (signature required)

List medications administered by AdaptAbilities ONLY, including non-prescription medications, over-the-counter, and herbal remedies. All medications must have a pharmacy label.

Medication Name					Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO	Daily
						Weekly
						Monthly
Side Effects:				Times(s):		
Instructions:				Dosage:		

Medication Name					Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO	Daily
						Weekly
						Monthly
Side Effects:				Times(s):		
Instructions:				Dosage:		

Medication Name					Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO	Daily
						Weekly
						Monthly
Side Effects:				Times(s):		
Instructions:				Dosage:		

Medication Name					Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO	Daily
						Weekly
						Monthly
Side Effects:				Times(s):		
Instructions:				Dosage:		

Medication Name					Return To Family	
Prescription?	YES	NO	Administered by AdaptAbilities?	YES	NO	Daily
						Weekly
						Monthly
Side Effects:				Times(s):		
Instructions:				Dosage:		

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Edmonton, Alberta  
expiring on August 31, 2022

\_\_\_\_\_  
Individual/Guardian/Primary Contact

\_\_\_\_\_  
Signature: Individual/Guardian/Primary Contact

\_\_\_\_\_  
Reviewed by: Employee Name

\_\_\_\_\_  
Employee Signature