

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