Plowshares Child Medication Sheet and Parental Authorization for

Administration of Medication and Liability Release

I authorize Plowshares to administer the following medication_____

to my child_____and r

and indemnify Plowshares and any affiliated staff, members, officers,volunteers or other associates fron

liability which might arise due to any act or omission related to the administration of the following med

Medication:_____ Dosage:_____

Time to be Administered:_____Duration of Administration_____

Special Instructions or Information:_____

_____

Parent or Guardian's Signature_____Date:_____

Receipt of Medication (Staff Signature)_____Date:_____

DATE	DOSAGE	TIME	Staff Initials A

Turn Page Over			
DATE	**DOSAGE**	**TIME**	**Staff Initials A**

New Sheet			

elease

n any

ication:

B

Edition 2007

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