



**GLENDALE COMMUNITY COLLEGE
CHILD DEVELOPMENT LABORATORY SCHOOL**

NON-PRESCRIPTIVE MEDICAL DOSAGE RELEASE FORM

STANDING ORDER RELEASE FORM FOR COMMON ON-SITE OVER-THE-COUNTER MEDICATION:

Child's Name _____ Class _____

Medication Product Name _____

Medication Exp. Date _____

Please answer the following (*The information below must be from the prescribing practitioner and/or the pharmacist*):

What is the purpose of the medication? (What is the medication supposed to do?)
What effect will the medication have on the individual?
What are the side effects, adverse reactions and/or signs of over dosage of this medication?
Are there any interactions with the medications that the individual is taking? Based on review of the individual's medications, are there any medications that will interact with this medication?
Are there any special administration or storage instructions for this medication? (Meds need to be given with meal, before meal, with water or milk? Is this medication a controlled medication?)

Recommending Health Care Provider _____

Health Provider's telephone number _____

Parent/Guardian signature _____

Date received _____