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## 2010 Prescription Release Form

Student name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of prescribed medicine: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of doses per day: \_\_\_\_\_

Mg. Per dose: \_\_\_\_\_

Times of day to be administered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other medical concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_