

Cairo American College
1 Midan Digla
Maadi 11431
Cairo Egypt

Date : _____

Medical Release Form

I hereby grant permission to CAC medical personnel and assigned personnel to administer the following to _____ (child's name)

Name of medication: _____

Dosage: _____

Route of administration: _____

Frequency (Number of times\day): _____

Diagnosis: _____

All medication will be kept in a locked cabinet for the protection of your child and other children. Medication will be dispensed from the Health Office.

No medication will be dispensed to students without the written permission of the physician and parent.

Parents signature: _____

M.D.'s signature (or attach prescription): _____