Medication Release Form

	Student:	
\sim	Date:	
So	Time:	
Studio Copy	The above named adult student has requested to receive a complimentary medication from the Soapmaking Studio. The medication is given to the student up request and is free of charge. The above student takes the medication at his/her of the student experience any undesirable side effects or discomfort as a result of taking the student will hold the Soapmaking Studio and staff harmless and not seek compe	on the student's own risk. Should of the medication,
DQ	The adult student named above has requested and received:	
<u>-</u>	□ Acetaminophen, APAP pain reliever/fever reducer (2 tabs, 500 mg, q6h)	tabs rec'd
Soapmaking	□ Aspirin, NSAID pain reliever/fever reducer (1 tab, 325 mg, q6h)	
	□ Ibuprofen, NSAID pain reliever/fever reducer (1 cap, 200 mg, q6h)	
	□ Allegra, antihistamine (fexofenadine HCI, 1 tab, 180 mg, q24h)	
	□ Anti-itch cream/gel/ointment (1% hydrocortisone, AAA)	
	□ Miscellaneous antibiotic ointment/cream, such as Neosporin	
	□ Other:	
·	omaking Studio, 7301 Mount Vernon St, Lemon Grove, CA 91945 Medication Release Form	 lephone: (619) 668-1435
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action	omaking Studio, 7301 Mount Vernon St, Lemon Grove, CA 91945 Medication Release Form	
Reaction	Medication Release Form Student:	
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□ Other: _____