MONTESSORI CHILDREN'S CENTER

www.montessoricc.org

MEDICATION AUTHORIZATION FORM

Prescription and non-prescription drugs, including vitamins and aspirin, will be given to a child ONLY with the parent's or guardian's COMPLETED written consent.

Child's Name_____ Date of Birth _____

Child's known allergies_____

Montessori Children's Center has my permission to administer the following medication:

Medication and prescription Number:_____

Dosage:_____ Times to be given:_____ Route of Administration:_____

Special Instructions:_____

Reason why child is taking this medicine_____

Any known adverse reaction or side effects to this medicine_____

_____

This authorization is effective from_____ to _____

Parent's or Guardian's Signature_____ Date of Authorization_____

Date	Time	Medicine Dosage	Staff	Adverse Reaction and/or Errors	Parents Notified Yes/No	"As needed medication" Symptoms exhibited	Parents Notified Yes/No