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_____

MCC has my permission to administer the following medication:

Medication name and Prescription Number _____

Dosage: _____ Times to be administered: _____

Special Instructions: _____

_____

_____

Adverse Reaction, if any: _____

This authorization form is effective from _____ to _____

Signature of Parent and/or Guardian _____

DATE	TIME	MEDICINE/DOSAGE	STAFF