



## America's Child Montessori Medication Authorization Form

Child's Name	Date of Birth
Name of Medication	Reason for Medication
Start Date:	Stop Date:
Times to be given:	Amount to be given:
Possible side affects:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label?	Requires refrigeration: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions:	

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

Dear Parents:

- 1.All medications shall be administered only on the written approval of a parent or guardian.
- 2.Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician.
- 3.Non-prescription medications can be administered with written consent
- 4.Medications must be stored in their original containers. The container must have patient's name & date of expiration.