Permission to Administer Medication

Staff members of Montessori Educational Center may dispense medication, as follows:

All medication must be given to a member of the office staff by a parent.

STUDENT: ___________________________________ Date: ____________

MEDICATION INFORMATION Number of Pills in Perscription: __________ ___________ ___________
Parent Initials Staff Initials

Name ____________________________________ Refrigration Needed: _____

Being Taken For: ____

Dates to Administer: Begin________________ End _________________

SIGNATURE OF PARENT/GUARDIAN ____

DOSAGE:

MEDICATION RECORD

DATE	*Time Administered*	*Doseage Given*	*Administered By*	*Comments*

DATE	*Time Administered*	*Doseage Given*	*Administered By*	*Comments*