



School Medication Authorization Form

STUDENT'S NAME

BIRTHDATE

I request that a staff member of Midwest Christian Montessori Academy administer medication to my child following the prescribed instructions.

I understand that it is my responsibility to provide the school with necessary medication and supplies, deliver them to a staff member, and retrieve them at the end of the course of medication.

I understand that prescription medications must be delivered in the original labeled container as dispensed, including student's name, medication name, instructions for use, and date. Non-prescription (over-the-counter) medications must be provided in the manufacturer's labeled container.

Please note: Medications must be hand delivered by a parent/guardian to a staff member, and will be stored by the staff. Exception: Asthma inhalers may be retained by the student, with parent's permission.

Name of Medication: _____

Dosage: _____ Time to be given: _____ Number of Days: _____

Condition for which medication has been prescribed _____

Possible side effects: _____

Does medication need to be refrigerated? Yes _____ No _____

Should medication be sent home daily? Yes _____ No _____

SPECIAL INSTRUCTIONS: _____

Parent Signature: _____ Date: _____

DATE	DOSAGE	TIME GIVEN	INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____