The Montessori School of Pullman

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Medications at School

When students need medications* at school, child care licensing requires that:

A. All medications must be in their original containers with the child's name on the container
B. Medications will be dispensed by the teachers or other authorized personnel according to the directions on this form
C. This form must be on file in your child's folder before any medication will be given
D. Medications given longer than three weeks require a letter and signature from your child's doctor

***The term "medications" applies to all topical and ingested/administered materials including but not limited to lotion, chapstick, Tylenol, and prescriptions**

Parental Request

Student Name: _____

Health Problem: _____

Medicine: _____

Time of Day to be Taken: _____

Amount to be Taken: _____

Frequency: _____

Method of Administration at Montessori: _____

Start Date: _____ End Date: _____

I certify that I am the parent/legal guardian of the child named above and request and authorize the Montessori school to administer the above identified medication in accordance with the prescription or doctor's instructions.

Signature of Parent/Guardian: _____ **Date:** _____

Record of Administration (to be filled out by the person who gives the medication):

Date	Time	Initials	**Date**	Time	Initials	**Date**	Time	Initials

Signature(s) that correspond to initials of person(s) giving medication:

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