

Medication Log Sheet and Family Authorization

Student Name:

Name of Medication:

Reason for Medication:

Dose: Time /Frequency:

Oral Topical Inhaled Injection Other

Known Side Effects:

Additional Comments:

Employee	Date	Time	Dosage	Employee Name	Signature

I authorize Main Square Montessori personnell to administer the named medication to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent / guardian, have given the first dose of this medication without any allergic or unexpected reactions.

All areas must be checked for medication to accepted.	
Label is legible	<input type="checkbox"/>
Child's First & Last name on lable	<input type="checkbox"/>
Name of medication or prescription number is on medication	<input type="checkbox"/>
Medicine is in original container	<input type="checkbox"/>

Printed Name: Signature: Date:

Date returned directly to family Staff signature Family signature