MONTESSORI SCHOOL OF DURHAM

Permission to Administer Medication Form

Child's Name:			Child's Date of Birth:
Medicine: Expiration Date:	Time(s) to be given:	Date(s) to be given:	Dosage:
Medical Condition:			
Criteria for giving the medication:			
Administration (choose one) □ Injection □ Oral □ Topical □ Suppository □ Other:_____	Special Instructions (Attach additional sheets as needed): Special Conditions (Refrigerate, take with liquids, shake well, etc.):		
Possible Reactions:			
Prescribing Provider:			Phone:
Pharmacy:			Phone:
Best Person to call for Clarifications:			Phone:
I give authorization to give medicine and to call the health care provider if needed. Parent/Guardian signature:			Date:

Returned to Parent/Guardian	Date	Parent/Guardian Signature	Child Care Staff Signature
Disposed of Medicine	Date	Child Care Staff Signature	Witness Signature

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