



Administration of Medication

Dear Parent or Guardian,

Your written permission is required to administer medication and medical procedures to your child. Any prescriptions or over-the-counter drug sent to the child care facility must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. **An individual authorization form is required for each medication administered and a new authorization form is required for each day medicine is needed.** Please notify the staff of any changes in the administration of the above product.

I, _____ (parent or guardian) give my permission to the employees of *Ardor Montessori School, Inc.* to administer the medications listed below. I, likewise, release the employees from any liability related to the administering of this medication to my child, so long as the responsibility is discharged according to the following instructions.

Child's Name _____ Date of Birth: _____

Classroom: _____ Lead Teacher: _____

Name of Medication: _____

Prescription Number: _____ Pharmacy Name: _____

Amount of medication to be given at each dosage: _____

Instructions (how to give or apply, ex. by mouth, apply to skin, inhale, drop in eyes, etc.) _____

Time of last dosage given at home: _____

Time(s) of dosage to be given at child care facility: _____

Parent's Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	SIGNATURE OF EMPLOYEE