

AUTHORIZATION FOR MEDICATION



I hereby authorize **Island Montessori Academy** to administer the following
 medication to my child, _____.
(Child's Name)

Medication _____

Dosage _____

Check One: Prescription Non-Prescription

Date(s) in which medication is to be given _____

Time(s) in which medication is to be given _____

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____
 (for non-prescription medications)

Date(s)	Dosage	Time(s)	Signature of Staff person

One form needs to be on file for each medication.

This form must be filed in the child's record after the course of medication has been completed.