

Medication Authorization

Child's Name: _____ Date: _____
Last First M.I.

Medication Information

Drug Name: _____
 Prescription #: _____
 Dosage: _____
 Times to Administer: _____
 Special Instructions: _____

Disclaimer and Parental Signature

Medications shall be given to children only with signed, written permission. Permission shall contain date, drug name, time and dosage. It shall be in the original container, not have an expired date, and labeled with the child's name. Dosages greater than specified on the label shall not be given. If more than one medication needs to be administered, separate Medication Authorization Forms must be completed for each medicine. Cabot Montessori School has my permission to administer the medication listed above.

Signature: _____ Date: _____

Initials of Person Administering Medication

Time Administered	Monday	Tuesday	Wednesday	Thursday	Friday