Date Form Filled Out:	/	/	
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Where the heart, mind, and spirit grow together

Authorization & Permission for CONTINOUS and/or Long-Term Administration of $\underline{\textit{Prescription Medication}}$

2022 - 2023

Student Name:	Date of Birth:	
guardian for school to adminisThe prescription medication isPrescription medication will be	ught to school with this form filled ter medication. s in the original labeled pharmace	d out, signed and dated by parent or eutical container. responsible for retrieving it after the child's
This medication is to be given on	each date or for the date ra	nge listed below:
DATES:		
	#1:	
Name of prescription medication	Dosage	Date/time to be administered
Same Day, Different Doses:	If needed, #2:	
	Dosage If needed, #3:	Date/time to be administered
	Dosage If needed, #4:	Date/time to be administered
	Dosage	Date/time to be administered
	CK FOR STAFF RECO S AND TIMES ADMIN	
Reason for taking prescription medicate	ion	
Side effects to be expected, if any		
Doctor prescribing medication and offi	ce phone number Page 1 of 2 Prescription Medication	

Authorization & Permission for Continuous and/or Long-Term Administration of <u>Prescription Medication</u>

Record of Administration of Prescription Medication - Continuous or Long-Term							
Date	Student Name	Time admin- istered	Dose administered	Copy of this form printed and put in child's backpack	Picture of this side of form texted to parent	Staff administrating medication and informing parent	NOTES:
Parent name and phone number to be used for communication of administration of medication: Parent name: Cell # to be used:							

I herewith acknowledge that I am primarily responsible for administering prescription medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Little Explorers Montessori School and its employees, on my behalf and stead, to administer or to attempt to administer to my child lawfully prescribed medication in the manner described above. I acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Little Explorers Montessori School, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Little Explorers Montessori School, its employees and agents, either jointly or severally, from and against all claims, damages, causes of action or injuries incurred or resulting from the administration or failed attempts at administration of said medication.

Parent Name	Parent Signature	Primary Phone Number

Date Form Filled	Out:	/		/
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Where the heart, mind, and spirit grow together

Authorization & Permission for CONTINOUS and/or Long-Term Administration of Over-The-Counter Medication

2022 - 2023

Student Name:	Date of	f Birth:
guardian for school to admiThe non-prescription medicatioNon-prescription medicatio	n is brought to school with this form nister medication. cation is in the original manufacture	m filled out, signed and dated by parent or er-labeled container. ent is responsible for retrieving it after the
This medication is to be given	on each date or for the date ra	ange listed below:
DATES:		
	#1:	
Name of prescription medication	Dosage	Date/time to be administered
Same Day, Different Doses:	If needed, #2:	
	Dosage If needed, #3:	Date/time to be administered
	Dosage If needed, #4:	Date/time to be administered
	Dosage	Date/time to be administered
	ACK FOR STAFF RECO ES AND TIMES ADMIN	
Reason for taking prescription media	cation	
Side effects to be expected, if any	Page 1 of 2 OTC	

Date	Student Name	Time admin- istered	Dose administered	Copy of this form printed and put in child's backpack	Picture of this side of form texted to parent	Staff administrating medication and informing parent	NOTES:
	t name and phone t name:	e number	to be used for com Cell # to be		of administi	ration of med	ication:
child. I Little E attempt and agr I waive arising Explore claims,	However, in the explorers Christian to administer to bee that, when the any claims I might out of the adminiers Christian Mor	vent that In Montess my child lawfully rent have agostration on tessori So	sori School and its elawfully prescribed non-prescription me ainst Little Explorer f said medication. I chool, its employees or injuries incurred	o or in the even ployees, or medication is so calculated the calculation is so calculated the calculation, I addition, I add agents,	ent of a me n my behal n the mann administer Montessori agree to he either joint	edical emerge f and stead, to er described red or attemp School, its en old harmless a ly or severally	ncy, I hereby authorize
Parent	 Name		Parent Signature		 Prima	ry Phone Nur	 nber