



Little Explorers Montessori School

Where the heart, mind, and spirit grow together

**Authorization & Permission for CONTINUOUS and/or Long-Term Administration
of Prescription Medication
2022 - 2023**

Student Name: _____ **Date of Birth:** _____

Prescription medications at school are administered following these guidelines:

- Prescription medication is brought to school with this form filled out, signed and dated by parent or guardian for school to administer medication.
- The prescription medication is in the original labeled pharmaceutical container.
- Prescription medication will be kept in the office and parent is responsible for retrieving it after the child's school day if it is a one-time occurrence, on an as needed basis. or at end of school year.

This medication is to be given on each date or for the date range listed below:

DATES: _____

#1:

Name of prescription medication	Dosage	Date/time to be administered
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Same Day, Different Doses:

If needed, #2:

Dosage	Date/time to be administered
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If needed, #3:

Dosage	Date/time to be administered
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If needed, #4:

Dosage	Date/time to be administered
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**SEE BACK FOR STAFF RECORDING OF
DATES AND TIMES ADMINISTERED**

Reason for taking prescription medication

Side effects to be expected, if any

Doctor prescribing medication and office phone number



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Authorization & Permission for CONTINUOUS and/or Long-Term Administration of Over-The-Counter Medication 2022 - 2023

Student Name: _____ Date of Birth: _____

Non-prescription medications at school are administered following these guidelines:

- Non-prescription medication is brought to school with this form filled out, signed and dated by parent or guardian for school to administer medication.
• The non-prescription medication is in the original manufacturer-labeled container.
• Non-prescription medication will be kept in the office and parent is responsible for retrieving it after the child's school day if it is a one-time occurrence, on an as needed basis. or at end of school year.

This medication is to be given on each date or for the date range listed below:

DATES: _____

#1:

Name of prescription medication Dosage Date/time to be administered

Same Day, Different Doses: If needed, #2:
Dosage Date/time to be administered
If needed, #3:
Dosage Date/time to be administered
If needed, #4:
Dosage Date/time to be administered

SEE BACK FOR STAFF RECORDING OF DATES AND TIMES ADMINISTERED

Reason for taking prescription medication

Side effects to be expected, if any

