

Little Explorers Montessori School

Date Form Filled Out: ____/____/____

Where the heart, mind, and spirit grow together

Authorization & Permission for One Day Administration of Prescription Medication 2023-24

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.

#1:

Name of non-prescription medication Dosage Date/time to be administered Administration: Time/staff

If needed, #2:

Dosage Date/time to be administered Administration; Time/staff

If needed, #3:

Dosage Date/time to be administered Administration; Time/staff

STAFF: Form copied and placed in Child's Backpack - _____ initials

Reason for taking non-prescription medication.

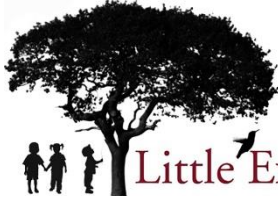
Side effects to be expected, if any

I herewith acknowledge that I am primarily responsible for administering non-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 non-prescription 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: ____/____/____

Little Explorers Montessori School

Where the heart, mind, and spirit grow together

Authorization & Permission for One Day Administration of
Over-the-Counter Medication
2023 - 2024

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.

#1: _____

Name of non-prescription medication Dosage Date/time to be administered Administration: Time/staff

If needed, #2:

_____ Dosage Date/time to be administered Administration; Time/staff

If needed, #3:

_____ Dosage Date/time to be administered Administration; Time/staff

STAFF: Form copied and placed in Child's Backpack - _____ initials

Reason for taking non-prescription medication

Side effects to be expected, if any

I herewith acknowledge that I am primarily responsible for administering non-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 non-prescription 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