



Country Montessori School

MEDICATION INSTRUCTION AND RELEASE FORM

Please complete the following form if you wish Country Montessori School to dispense medication to your child.

Child's Name _____
Last First Middle Initial

Date of Birth _____
Month Day Year

NOTE: If you wish your child to receive medication, it will only be dispensed between 12:00 noon and 12:30 p.m. after lunch is completed.

Name of Medication	Amount to be given	Form of medicine
1) _____	_____	_____
2) _____	_____	_____

Refrigeration required? _____ Yes _____ No

Side effects or precautions _____

Begin dispensing medication _____ and end _____
Date Date

PROCEDURES REGARDING MEDICATION TO BE GIVEN AT SCHOOL:

- 1) All prescription medications shall be administered only with the written approval and instructions from the child's parent and in accordance with the label directions as prescribed by the child's physician. Medication must be in the original container with the date and child's name.
- 2) When no longer needed by the child, the empty medication container shall be returned to the parent.

Parent's name _____	Parent's Signature _____	Phone # _____	Date _____
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Dispensed as followed:

Date _____	Given by _____	Date _____	Given by _____
Date _____	Given by _____	Date _____	Given by _____
Date _____	Given by _____	Date _____	Given by _____
Date _____	Given by _____	Date _____	Given by _____
Date _____	Given by _____	Date _____	Given by _____