

# River Montessori Charter School



## Medication Permission and Administration Record

It is always preferred that your child receives prescribed medications before or after school but in the event that he or she needs a dose during school or require medication on an “as needed” basis, we require the following: **This form completed with your doctor’s signature and a photo of your child to be attached to his/her medication file.**

All medications must be in the original container and include dosage instructions. You are responsible for picking up and properly disposing of unused/expired medication. We can not administer over-the-counter medicines (medicines not prescribed by a licensed health provider) except in the case of seasonal allergies requiring eye drops, nasal spray, and anti-histamines. This form, signed by you and your child’s health provider must accompany all medications brought to school whether they are prescribed or seasonal allergy medications suggested by your child’s health provider.

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Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_

I give my permission for the staff of the River Montessori Charter School to administer the following medication to the child indicated above.

**Parent Signature:** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

The child indicated above has demonstrated that he/she is skilled at self-administering this medication and is aware of potential side effects. He/she has my permission to self-administer this medication at school.

**Parent Signature:** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

<b>Medication:</b>	<b>Expiration date:</b>
<b>Dose:</b>	<b>Route (circle one) : by mouth    applied to skin</b> <b>eye drops    sprayed in nose    inhaled</b>
<b>Time of Administration:</b>	
<b>Possible side effects:</b>	

