

CLANMORE MONTESSORI SCHOOL

MEDICATION AUTHORIZATION & ADMINISTRATION RECORD

I authorize the administration:

of: _____ to: _____
(Student)

Using the following instructions:

Dosage: _____ Start Date: _____
End Date: _____

Medication will be administered at the Noon hour unless otherwise specified

Storage: _____ Parent's Signature: _____

For School Use Only

I have read and understand the above instructions: _____
Name of teacher who receives medication and instructions from parent

Name of teacher to administer medication: _____

Date	Time	Amount	Teacher's Initials

N.B. This record is to be posted until the final date of administration of medication, at which point it may be filed in the class binder.