



## PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to the staff of Oneonta Montessori School to administer prescription and non-prescription medication to my child.

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dose of medication: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Special condition (with food, etc.): \_\_\_\_\_

Does medication need to be stored in refrigerator? \_\_\_\_\_

Name of doctor prescribing medication: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

All medicine must be in the original prescription container, have the child's name and instructions clearly written by the pharmacist or physician. Medication must be handed over to a teacher to assure proper storage (in the refrigerator or in a locked cabinet).

If child is sent home with a fever, child may return to school only after fever has subsided and one whole 24 hour period has lapsed.

If child is prescribed an antibiotic medication, child cannot attend school until a full 24 hour period after taking the medication has lapsed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

***DO NOT SEND ANY MEDICATIONS OR LOZENGES (FOR COUGHS, COLD, SORE THROATS ETC) INSIDE YOUR CHILD'S LUNCH BOX OR BACKPACK. EVERY TYPE OF MEDICINE (NO MATTER HOW MILD) MUST BE HANDED OVER TO A TEACHER WITH THIS SIGNED FORM.***