



Parent Permission to Administer Medication and Log Form

Name of Medication: _____ Date Prescribed: _____

Prescription No: _____ For (Problem or illness): _____

Date last dose is due: _____

For Parent to Complete

I, _____ give
(Parent or Guardian)

permission to _____ to
(Name of authorized Child Care Staff)

administer _____ of
(Amount)

_____ to my child, _____
(Name of Medication) (Child's Name)

at approximately _____ on _____
(Time(s)) (Date(s))

by _____
(Body Location and method of use)

Possible Side Effects to watch for with this medication _____

Medication Allergies _____

The name and phone number of the physician who prescribed this medicine _____

Parent Signature: _____ Date: _____

For Staff of American Montessori to Complete

Give Medicine **ONLY** if you can answer **YES** to all questions below

Is the permission form above completed? Yes No

Is the medication in a child proof container? Yes No

Is the original prescription label on the medication container? Yes No

Is the name of this child on the medication container? Yes No

Is the date on the prescription current? Yes No
(Within the month for antibiotics and within the expiration date for medications which are so labeled, within the year otherwise)

American Montessori Staff Signature: _____ Date: _____

