



MONTESSORI
CHILDREN'S
HOUSE OF
DURHAM

Permission to Administer Medicine

Child's Name _____

Physician's Name _____

Name of Medication _____

Dosage _____

Other Instructions (e.g. how to use an inhaler) _____

Special conditions? (Refrigerate, take with liquids, shake well, etc.)

Time(s) to be given _____

Dates to be given _____

Does the medicine need to go to Little House ? (circle one) YES NO

Best Number to call for clarification _____

Parent's Signature _____ Date _____

Medicine Administration Record to be completed by Staff

Name of Medicine	Dosage	Time Given	Date	Initials	NOTES:

For staff use only: Fill out original AND copy of form, and give *copy* to parent each day. Original form filed in student file at the end of the week.