

Permission to Administer Medication – The Montessori School

Student's Name: _____ Today's Date: _____

Name of Medicine: _____ Dosage: _____ Time(s) to be given: _____

Please check one:

- Emergency use only Today only For _____ Days

Parent/Guardian sign and print: _____

Record of Medication Given

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Given					
Date Given					
Signature					

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