

Madison Montessori Academy  
**Authorization for Medication**



I hereby authorize Madison Montessori Academy to administer the following medication to my child \_\_\_\_\_

Prescription \_\_\_\_\_

Dosage \_\_\_\_\_

Date(s) in which medication is to be given \_\_\_\_\_

Time(s) in which medication is to be given \_\_\_\_\_

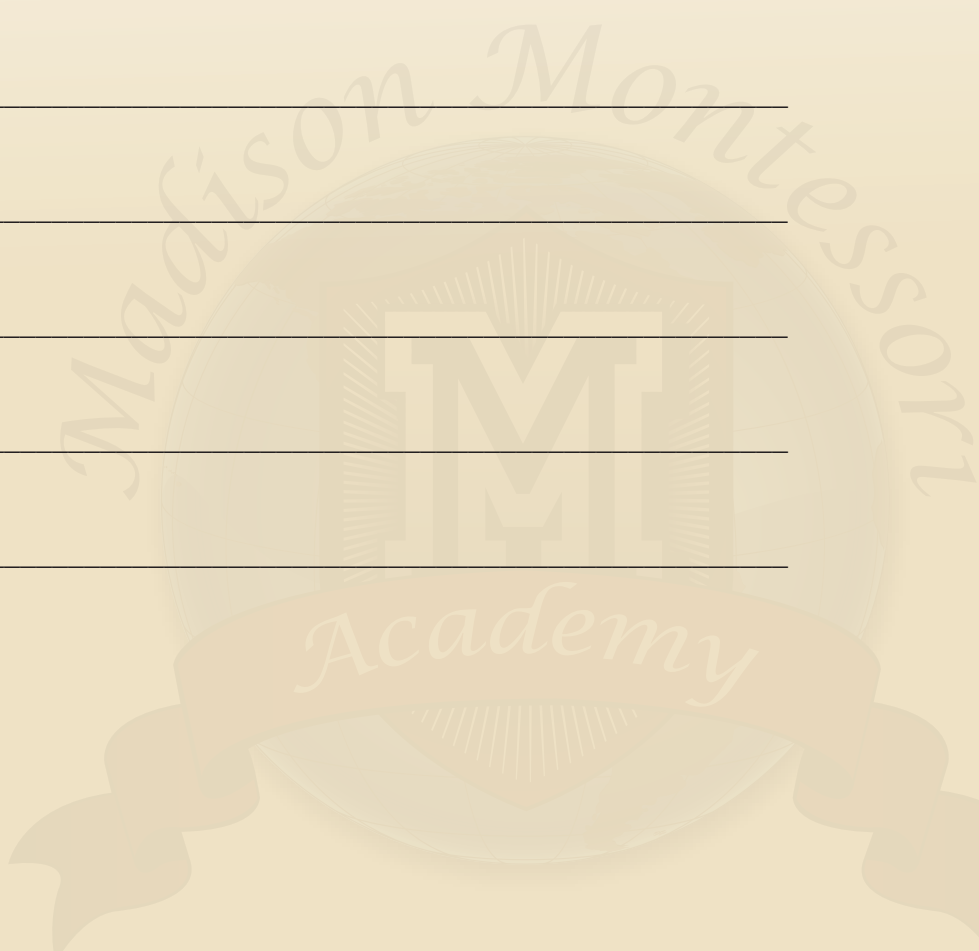
Reason for medication \_\_\_\_\_

Storage Instructions \_\_\_\_\_

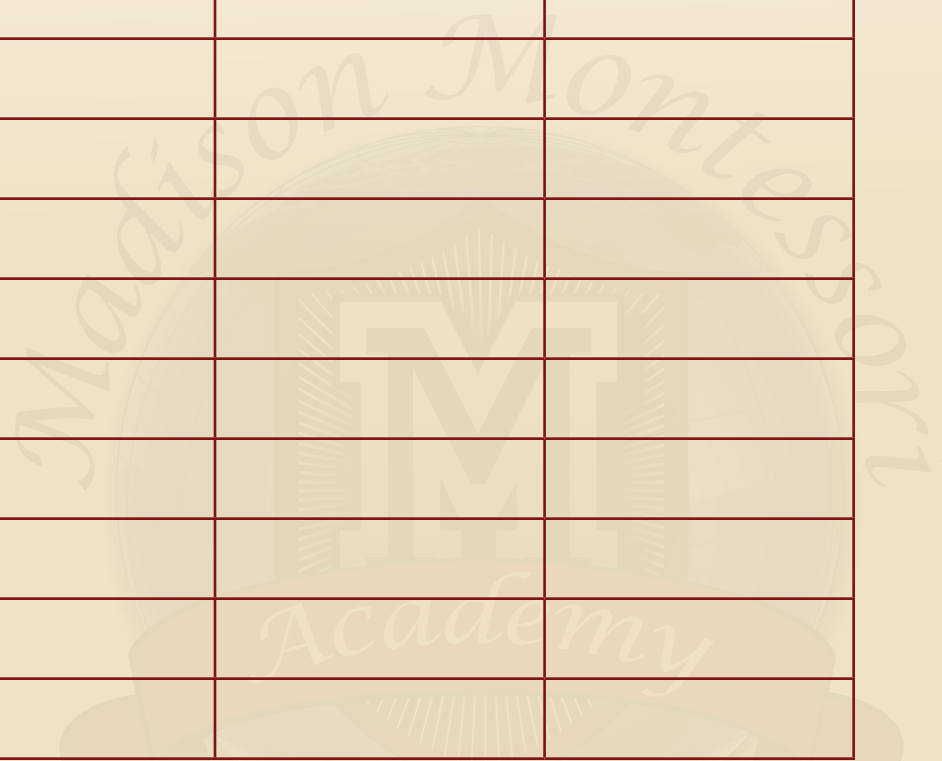
Potential Side Affects \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_



Date	Dosage	Time(s)	Staff Name	Signature



This form must be filed in the child's record after the course of medication has been completed.