



SHIR HASHIRIM
MONTESSORI SCHOOL

MEDICATION CONSENT

Student name _____ Date _____

Name/Type of medicine _____ Date prescribed _____

Date that last dose is to be given _____

WE ACCEPT MEDICINE ONLY IF YOU CAN ANSWER YES TO ALL THE QUESTIONS BELOW.

Circle an answer for each one.

- | | | |
|--------------------------------------|-----|----|
| Medicine consent form complete | Yes | No |
| Medicine in child-proof container | Yes | No |
| Medicine has original label | Yes | No |
| Child's name is on medicine | Yes | No |
| Label and parent's instruction match | Yes | No |
| Written instructions from the doctor | Yes | No |

I give permission to Montessori Shir Hashirim to give the above-mentioned medicine to my child on the following dates and times:

Dates _____ Times _____

Side effects _____

Name and telephone number of Doctor who prescribed the medicine:

Doctor's name _____ Phone _____

Name of medicine	Dose	Date	Time	Given by	Comments

Print name of parent or guardian

Signature of parent or guardian

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request that my child be assisted in using prescribed medication at school. I assume full responsibility for supplying all medication and shall deliver, or have it delivered, to the school by another responsible adult, and agree to the school policies and procedures. I give my permission for the exchange of medical information regarding administration of medication at school with the authorized health care provider and pharmacist.

I hereby release from all liability, agree to hold harmless, and waive any claims I may have against the school or its director, staff, or agents that relate in any way to the use of medications authorized by this form, including claims of negligence.

Print name of parent or guardian

Signature of parent or guardian

Home phone

Work phone

Cell phone

Date

POLICIES FOR PRESCRIBED MEDICATION

If you want us to dispense prescribed medication to your child, please complete the following forms:

Prescription Medication Authorization *(which requires information from your child's physician.)*

Medical Alert *(which requires information from your child's physician.)*

Medication Consent *(which requires: medicine be in a child-proof container, medicine has original label, child's name is on medicine, label and parent's instruction to match; written instructions from doctor.)*

Consent to Communicate with Child's Physician

Each day that medication is dispensed to your child, school staff will fill out a log listing: name of medicine, dosage, date, time, who the medicine was given by, comments; and each day you must sign the log, which is kept at school.

When the child no longer needs the medicine, we will return the remains to you.

The school does not dispense over-the-counter medication.

Print name of parent or guardian

Signature of parent or guardian

Date