

MAGNOLIA MONTESSORI SCHOOL
Authorization for Dispensing Medicine

NOTE: Medication must be in a container with the child's name clearly written on it!

Name of Child

Name of Medication

Dosage

When to Give

Signature of Parent or Guardian

Signature of Physician

Date.....

* Staff member giving the medication must initial the following chart and record the time medication was given

| DAY | TIME | INITIALS | TIME | INITIALS |
|-----|------|----------|------|----------|
| MON | | | | |
| TUE | | | | |
| WED | | | | |
| THU | | | | |
| FRI | | | | |