



Medication Administration Permission

It is always preferred that your child receives prescribed medications before or after school. In the event that he or she needs a dose during school or requires medication on an "as needed" basis, we require the following: This form be completed with your health care provider's signature and a photo of your child be attached to his/her medication file.

All medications must be in the original container and include dosage instructions. You are responsible for picking up and properly disposing of unused/expired medication. We cannot administer over-the-counter medicines (medicines not prescribed by a licensed health care provider) except in the case of seasonal allergies requiring eye drops, nasal spray, and antihistamines. This form, signed by you and your child's health care provider must accompany all medications brought to school whether they are prescribed or seasonal allergy medications suggested by your child's health care provider.

Student Name: _____ DOB: _____

Teacher: _____ Classroom: _____

I give my permission for the staff of River Montessori Charter School to administer the following medication to the child indicated above.

Parent Signature: _____ Date: _____

Health Care Provider Signature: _____ Date: _____

Medication:	Expiration Date:
Dose:	Route (circle one): by mouth applied to skin Eye drops sprayed in nose inhaled
Time of Administration:	
Possible side effects:	

The child indicated above has demonstrated that he/she is skilled at self-administering this medication and is aware of potential side effects. He/she has my permission to self-administer this medication at school.

Parent Signature: _____ **Date:** _____

Health Provider Signature: _____ **Date:** _____