



Medication Administration Permission Form

It is always preferred that your child receives prescribed medications before or after school. In the event that he or she requires medication during school hours (including before- or after-school programs, field trips, extracurricular or co-curricular activities, and camps or other activities that typically involve at least one overnight stay from home), please submit this form along with a photo of your child to RMCS school administration. **Please note that a separate form is required for each individual medication.**

All medications must be in the original pharmacy container, labeled with the student's name, name of the medication, proper dosage, method, time schedule, expiration date, name of the prescribing physician, and a photograph of the child. You are responsible for picking up and properly disposing of unused/expired medication when notified by the School to do so.

Student Name: _____ DOB: _____
 Teacher: _____ Classroom: _____

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

Parent Signature: _____ Date: _____

Health Care Provider Signature: _____ Date: _____

Name of Medication:	Expiration Date:
Dose/Amount:	Method (circle one): by mouth applied to skin Eye drops sprayed in nose inhaled
Time Schedule 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. I have provided a release for designated school personnel to consult with the health care provider, below, regarding any questions that may arise with regard to the medication. I release River Montessori Charter School and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication.

Parent Signature: _____ **Date:** _____

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