

MEDICATION CONSENT FORM

FOR PARENT TO COMPLETE: Only one medic	ation per form.			
Child's Name:	Date:			
Medication:	Refrigerate?			
Prescribing Physician:				
Physician's Phone #:	Yes or No			
I, give permi (Parent's name)	ssion tostaff to			
(Parent's name)	(Center or staff's name)			
administer of	to my child			
(Amount / Dosage)	(Name of medication)			
, at approx	imately (Times to be administered)			
(Child's name)	(Times to be administered)			
on for (Exact dates) for (Reason for Medication)				
(Exact dates)	(Reason for Medication)			
Possible side effects to watch for with this med	dication may include:			

Medication Policy Statement:

- All prescription medications, dietary supplements and over-the-counter medication that requires dosing different than what is listed on the packaging for the child's age, must have **physician and parental approval** before they can be dispensed by St. Mark Christian Montessori School.
- Physician authorization is designated by the prescription. In the case of an over-the-counter medication written instructions are required by the treating physician if dosing is different from labeled directions.
- Parents must be taken home on Friday or the child's last day of attendance for the week. The exceptions are:
 - Emergency medication
 - Topical ointments can remain at the center until they are no longer needed or until the authorization form has expired.

This Medication Authorization form must be completed on or before the first day the child us to receive the medication, and the form must be updated based on the type of medication, or as required by State Law.

Authorization Guidelines:

- Temporary Medication: Valid until all medication is administered.
 - Both prescription and non-prescription medication will be administered due to a temporary health condition. This includes but is not limited to antihistamines/decongestants, acetaminophen (aspirin substitutes), cough suppressants and antibiotics.
- Continuous Medication: Updated as medication dose is changed or every 90 days
- Intermittent Emergency Medication: Updated as medication dose is changed or every 90 days.



ALL PERSCRIPTION MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY LABELED BOTTLE AND CAN ONLY BE ADMINISTERED IF THE ANSWERS TO ALL THE QUESTIONS BELOW ARE "YES".

FOR STAFF TO COMPLETE	
1. Is the consent form above completed correctly?	YES / NO
2. Is the medication in a safety cap container?	YES / NO
3. Is the original label on the medication container?	YES / NO
4. Is the child's name on the medication container?	YES / NO
5. Is the date on the prescription current (within 1 month for antibiotics, within the	
expiration date for medications so labeled and within 1 year for other medication)?	YES / NO
6. Is the medication's name, dose, and frequency of administration on the label	
consistent with the parental instructions above?	YES / NO

Date & Time	Signature of Staff	Date & Time	Signature of Staff