



MEDICATION CONSENT FORM

FOR PARENT TO COMPLETE: *Only one medication per form.*

Child's Name: _____ Date: _____

Medication: _____

Prescribing Physician: _____

Physician's Phone #: _____

Refrigerate?
 Yes or No

I _____, give permission to _____ staff to
(Parent's name) (Center or staff's name)

administer _____ of _____ to my child
(Amount / Dosage) (Name of medication)

_____ , at approximately _____
(Child's name) (Times to be administered)

on _____ for _____
(Exact dates) (Reason for Medication)

❖ Possible side effects to watch for with this medication 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.

Medication for emergency use will also require a Medical Emergency Response Plan to be completed and on file.

