



First State Montessori Academy

Deep Roots, New Branches

Parental Request to Have Prescription Medication/Treatment Administered in School or on Field Trip

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school. If the medication is controlled, it must be dropped off by an adult.
- Send the medication in the original container properly labeled with pharmacy's prescription label which states correct name, time dose and date of administration.
- Count the tablets (unless it is the exact amount on the label) or approximate amount of liquid in bottle.
- Fill out the following information.

Today's Date: _____

Student's Name & Room Number: _____

Name of Medication: _____

Dose amount: _____ Time of Dose: _____

Reason for Medication: _____

Allergies to Medications: _____

Number of Tablets or Liquid Sent: _____

I am aware that the school nurse may have need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and I give my permission.

***I also give permission for my child to receive this medication when taken off school premises for field trips and other activities. I understand that a trained staff member will *assist* my child with medications when given off school premises (unless specified by the nurse).

Parent/Guardian Signature: _____

Nurse Signature: _____

Number of tablets/liquid received: _____

Refills received documented on back of page

DATE REFILL RECEIVED	AMOUNT OF TABLET/LIQUID RECEIVED	PARENT SIGNATURE	NURSE SIGNATURE

Circle End of Year or End of Prescription Preference:

At end of school year or end of prescription, I give permission for remaining medication to be sent home with my child in his/her backpack OR I will pick up my child's medication directly from nurses' office.

Parent/Guardian Signature: _____