



Established 1961

**Authorization to Administer Prescription Medication**

Milwaukee Montessori School personnel may administer prescription medications to students under conditions established by the School. School personnel will not administer any over-the-counter medications. This authorization must be completed, signed and on file before any medication will be given. A complete set of **non-expired medication** and/or inhaler must be given to each program in addition to a set for the office. For example, if a child attends after school care, there must be meds in the Montessori classroom, childcare, and the office. **All conditions must be met before the child may attend school, and this information must be included in MyBackPack.**

**To be completed by parent/guardian:**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Prescribing Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Parent/guardian's Name: \_\_\_\_\_

*I give my consent for School personnel who are involved in dispensing my child's medication at school to contact my child's physician regarding any questions about the administration of the medication listed above. **This consent is valid for one year from the date of my signature.** I understand that if I do not renew this consent prior to its expiration date, my child will not be allowed to attend school.*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

**To be completed by physician:**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_ Time(s) of day to be given: \_\_\_\_\_

How is it given? \_\_\_\_\_ Length of time it will be needed: \_\_\_\_\_

Reason for this medication: \_\_\_\_\_

If given on an "as needed" basis, describe circumstances (e.g. signs or symptoms child exhibits) under which it is to be given: \_\_\_\_\_

How often may the medication be administered if given on "as needed" basis?  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side effects that would require notification of parent/guardian or physician: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

FOR OFFICE USE: 1.) Original in student file; 2.) Double-sided copy with each set of medication; 3.) Set of meds required for classroom, childcare (if applicable) and office. 4.) Teachers manage student meds.

