



Augsburg Park Montessori School

augsburgpark.com 612-869-8155

Authorization to administer medication

I _____ (parent), authorize Augsburg Park Montessori School to administer the following medication to my child _____

Medication/Prescription _____ Refrigeration required? Yes/No

Amount/Dose: _____

Time of Dose/Frequency: _____

Route of Administration: (circle) Oral Rectal Topical Inhaled
Eye/Nose/Ear Other _____

Start Date: _____ End Date: _____

Reason for Medication: _____

Possible Side effects: _____

Notes: _____

GUARDIAN SIGNATURE _____ DATE _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Dose					
Date					
Time					
Initials					
Notes					

	Monday	Tuesday	Wednesday	Thursday	Friday
Dose					
Date					
Time					
Initials					
Notes					

Teacher's name, signature, initials:

