



Authorization for Administration of Medication by Southern NH Montessori Academy Personnel

Students receiving or taking **any** medication at school must submit this completed authorization form signed by the Physician and Parent with complete detailed instructions for administering **non-prescription** and **prescription** medications.

Administrative personnel may administer the medication to the student according to the physician's directions on the authorization form.

Special instructions for severe allergies, administration of EpiPens and administration of diabetic medications are required from your physician.

I have read and understand the above statement, and authorize Southern NH Montessori Academy personnel permission to administer medication to my child during school hours, following the instructions below. I understand that all non-prescription and prescription medications must be in original containers and all unused medication must be picked up no later than two weeks after the finish date or the medication will be destroyed.

Student Name _____ DOB _____

Diagnosis/Reason for medication _____

Medication to be administered from ____ / ____ / ____ to from ____ / ____ / ____.

| Medication name | Dosage | Frequency |
|-----------------|--------|-----------|
| | | |
| | | |

| | |
|-----------------------------|-------------|
| Physician's Signature _____ | Date _____ |
| Print Name _____ | Phone _____ |
| Address _____ | |

Side effects to watch for _____

Any special instructions? _____

Any allergies to medications? _____ If yes, which medication? _____

| | |
|--------------------------|------------|
| Parent's Signature _____ | Date _____ |
|--------------------------|------------|