Suite 101, 57 East Main Street, Westborough, MA 01581 (508) 366-9288

eBridge Montessori School
Medication Consent and Administration Form

For Parent Use:

Name of child: _____ Birthday _____
Name of the Medication _____
Prescription _____ Non-Prescription _____
Dosage _____
Dates medication to be given: _____
Time medication to be given: _____
Reasons for medication: _____
Possible side effects: _____
Name and phone number of prescribing physician:
_____
Directions for storage: _____

I, _____, (parent or guardian) give my permission to authorized staff members at eBridge Montessori School to administer medication to my child as indicated above.

Parent's Signature _____ Date _____

For Staff Use:

Has the medication consent form been completed? _____
Is the medication in a safety cap container? _____
Is the original prescription label on the medication container? _____
Is the name of the child given below on the container? _____
Is the date on prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled, within the year otherwise)? _____
Is the dose, name of drug, frequency of administration given on the label consistent with parental instructions? _____

Medication can be administered only if the answers to all questions above are "YES".

Date	Time	Medication	Amount	Signature