

Medication Authorization Form

I hereby request a Sunrise Montessori Staff Member to administer the medication named below to my child. I understand that medication must be in the original container, labeled with the child's first and last name, and with directions for child's age to administer the medication. Prescribed medication must include the date and name of physician on the container. Sunrise Montessori is not responsible for medication that has run out. By signing below, I release Sunrise Montessori and its employees from all liability for reactions, which my child may suffer from this medication.

Child's Full Name _____ Today's Date _____

Name of Medication _____

Rocky Mountain Sunscreen _____

Dosage _____ Time to be given/ How often _____

Parent signature _____

Please hand this completed form and medication to your child's teacher. Thank you!

<u>Dosage Given</u>	<u>Date/Time Given</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Parents: Please feel free to tear this off from the packet and use it should you need it.