



Prescription Medicine Administration Form

Date: _____

Name of Child: _____

This note is to authorize the supervisor/staff of Island Montessori Academy (IMA) to administer the following:

Prescription: _____ (must be in original package with instructions)

Dosage: _____ (be specific, must include measuring tool)

At: _____ and _____
time (am or pm) time (am or pm)

From: _____ until _____ inclusive.
Date Date

Date	Administered - Staff signature (2 dosages, sign again)
_____ Monday	_____
_____ Tuesday	_____
_____ Wednesday	_____
_____ Thursday	_____
_____ Friday	_____

Waiver

I agree, that IMA is acting on my behalf, as instructed by a medical doctor, to administer the aforementioned prescription medication to my child. I understand that IMA will make ever effort to administer this medication on my behalf but recognize that the classroom is a busy place and it is possible that doses may be missed.

IMA strongly encourages parents to call their centre to ensure your child has received their medicine or to come to the centre to administer themselves. This is a service we will attempt to provide, however, it is always the parents responsibility to ensure that any required doses are/have been administered.

Parent/Guardian: _____
Signature Print Dated

Parent Contact Number: _____