

Prescription Medication

Parent Authorization

I authorize Anchorage Montessori School to administer the following Medication for:

Child's Name (Last Name, First Name)

Name of Medication	Dose Amount	Schedule	Start Date	Stop Date	Circumstances:

Note to Parents: Alaska child care regulations require that prescription medication only be administered under the following conditions:

- Written permission from the parent is obtained.
- Medication must be kept in the original container and labeled with the child's name, the name of the medication, dosage, expiration date, and directions for administration.
- Prescription medications are only used at the dose, duration or method of administration specified on the prescription label.
- Only one designated caregiver in each shift administers the medication, initials, and records the time each dose is given.
- Unused medication provided by parents is returned to them when the medication is no longer needed or before each school break.
- **Parents will notify the school immediately if the medication is changed.**

Parent Signature: _____ Date: _____

RECORD OF ADMINISTRATION OF MEDICATION

Date	Time	Initials	Dosage	Comments:

Name: _____ Initials: _____ Name: _____ Initials: _____

Expiration Date: _____ Medication received by: _____

