



# The Franklin Montessori School

Forest Hills Campus

4473 Connecticut Avenue NW Washington, DC 20008

## Medication Administration Form

The Franklin Montessori School will administer prescription and non-prescription medication to a child only if the requirements of the District of Columbia Department of Health Regulations have been satisfied and the following form has been filled out in full.

**PRESCRIPTION MEDICATION:** Prescription medications must be in their original container labeled by the pharmacy or a physician with the child's name and the expiration date. No medication will be administered if it is past its expiration date.

**NON-PRESCRIPTION MEDICATION:** A child may receive only one dose of a non-prescription medication per day.

**Name of Child:** \_\_\_\_\_

**The medication is being given for the following condition(s):** \_\_\_\_\_

MEDICATION	DOSAGE	WHEN TO GIVE	DATES TO ADMINISTER	
			Start	Stop
<b>Additional Instructions:</b>				
<b>Note any side effects of this medication:</b>				
<b>Note any reasons or conditions when this medication should be stopped or not given:</b>				

I/We authorize the Franklin Montessori School to administer the above named medication to my/our child.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_