



PERMISSION FOR ADMINISTRATION OF MEDICATION

In the event your child needs to receive prescribed medication during the school day, please complete the following information and submit with doctor's note and signature below. All medications must be in the original container and include dosage instructions. Please deliver all medications, instructions and permission forms to the school office. Designated school staff will administer the medication as stipulated by instructions below. For safety reasons, **do not send medications of any kind** [including inhalers, epi-pens, cough syrup, cough drops, toothpaste, mouthwash, etc.] **in your child's lunchbox or backpack.**

Excerpt from CMP Family Handbook: [page 58]

Medications Administered at School. CMP Campuses do not administer Over-The-Counter medications to students, and students may not bring medicines to school. If your child needs to take Over-The-Counter (OTC) medications, a parent must come to the school to administer it to their child, or a doctor's note regarding the dosage and use of the OTC medication must be sent with the medication in its original container.

Any child taking prescription medications must have an approval form signed by their physician and the parent before bringing the medication to school. The prescription medication must be in the original container with the child's name and directions clearly labeled.

All medications must be collected from the office by the end of the school year unless the student is enrolled in Club Montessori for the summer intersession. Medication approval forms are available in the office.



I give my permission for the staff of the California Montessori Project School to administer the following medication to my child. A doctor's signature below must accompany all prescription medication.

Student Name:	Class:
Start Date of Medication:	End Date of Medication:
Type of Medication:	Refrigerate: Yes <input type="checkbox"/> No <input type="checkbox"/>
Rx#:	Dosage:
Time of Administration:	Medication Expiration Date:
Parent Name: [Please Print]	Parent Signature:
Physician Name: [Please Print] or attach Doctor's note:	Physician Signature:

DATE	TIME	MEDICATION	DOSE	STAFF SIGNATURE