St. Nicholas Montessori School
31015 Military Road South
Auburn, WA 98001
253-839-7864

Authorization for Medication

The parent must authorize any medication, oral or topical, prescription or non-prescription to be given to a child while at school by signing an ***Authorization for Medication Form***. The form must be **signed each week***.

Any medications brought by parents for their children must include:

- Original container
- Child's name
- Date (if prescription medicine)
- Directions to administer the medication
- Name of physician prescribing medicine

I hereby authorize St. Nicholas Montessori School to administer the following medications to my child.

Child's Name _____ Class _____

Medication _____ Dosage _____

*Dates Medication should be given _____

Times Medication should be given each day _____

☐Prescription ☐Non-Prescription

Parent's Signature _____ Date _____

For staff use:

DATE	DOSAGE	TIME	FULL SIGNATURE OF STAFF PERSON ADMINISTERING MEDICATION

This form must be filed in the child's record after the course of medication has been completed.