

	<p style="text-align: center;">Palmetto Montessori School 1364 Cook Road Ridgeway, South Carolina 29130</p>	<p><b>PM 035</b> Rev# 4</p>
<p style="text-align: center;">Form</p>	<p style="text-align: center;"><b>Medication Authorization</b></p>	<p>Released By: R Crane Release Date: 07/22/05 Page 1 of 1</p>

State Licensing agreements permits childcare facilities to administer medications under the following guidelines:

1. All medications shall be administered only on the written approval of a parent or guardian.
2. Prescription medications shall be administered as directed on the label or as otherwise by a physician.
3. Medications must be stored in their original container. The container must have the patient's name, amount to be administered, and the date of expiration.

Please provide the following information:

Child's Name: \_\_\_\_\_

Medical Problem: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Times/Frequency to be given: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

**Date administered**

**Time Administered**

**Initials (given by)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
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**All medications and this form will be returned to parents upon child's dismissal.**

*I authorize Palmetto Montessori School of Ridgeway and its employees to give the above listed medication(s) as described above.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date