

**REQUEST FOR ADMINISTRATION OF MEDICATION
BY REDBUD MONTESSORI SCHOOL PERSONNEL**

For Parent/Guardian:

My signature below verifies that:

1. I am the parent or legal guardian of the child named.
2. The medication I am requesting school personnel to administer is in the original container from the pharmacist, complete with physician's instructions on the container.
3. I understand the school is not legally obligated to administer medication and that any individual staff member or the school director on behalf of the staff as a whole may refuse to administer medications, even with a physician's signature, if they deem it too burdensome or risky to do so.
4. I agree to hold Redbud Montessori and its staff members harmless from any and all liability resulting from the administration of medication in the manner directed.
5. I give the school permission to contact the prescribing physician to clarify uncertainties regarding administration of this medication.

Name of Parent/Guardian (please type or print)

Signature _____ Date

NOTE TO PHYSICIANS: In order to assist parents whose children require medication to treat either transient or chronic medical problems, Redbud Montessori is willing to consider assuming responsibility for administration of medication to children while they are at school, but only where this is absolutely necessary and only with both a physician's instructions and the parent or guardian's consent. This applies to both prescription and non-prescription medications. In order to facilitate coordination of medicine administration between home and school, we ask the following of physicians filling out this form:

1. Ask the parent how long their child is in our care each day and adjust the dosage and schedule for medication to make it possible for parents to give most or all of the doses at home whenever you can.
2. Instruct the pharmacist to divide medication to administered at school into two bottles (one for home and one for the school site) and to provide an appropriate medicine spoon or other instrument for accurate measurement and individualized administration of the medicine.
3. Instruct the pharmacist to affix a label with your instructions to non-prescription as well as prescription drugs.
4. Be as specific as possible in describing indications for administration of drugs on an "as needed" basis and in specifying possible side effects our staff should watch for or contraindications for continuation of the medicine. We ask parents for permission to call the prescribing physician to clarify uncertainties, as well.

Thank you for your cooperation!

Karen K. Gill, Director
Redbud Montessori School

(over)

1. Child's name

2. Name of medication _____ Generic

3. Dosage (circle appropriate unit):

_____ tsp/mls/tabs/caps/puffs

4. Specify times to be given at school:

Circle: with/without food

5. Specify method of administration, where needed

6. Start date _____ Stop date

7. Possible side effects

8. Signs of toxicity or contraindications for continuation

9. Special storage instructions

10. Expiration date

Name of physician (please type or print)

Signature _____ Phone

Date