



Medicine Administration Form

Date: _____

Name of Child: _____

This note is to authorize the supervisor/staff of Island Montessori Academy (IMA) to administer the following:

Prescription: _____ (must be in original package)

Dosage: _____ (be very specific)

At: _____
 Time (a.m.) Time (p.m.)

Administer: _____ until _____ inclusive.
 Date Date

Waiver

I agree, that IMA is acting on my behalf, as instructed by a medical doctor, to administer the above mentioned medication to my child.

Parent/Guardian: _____
 Signature Printed Dated