



Little Hands Montessori - A Toddler Home
14845 Espola Road * Poway, CA 92064
858-748-1727 License # 376618271

MEDICATION RELEASE

This form is to be completed by the parent or legal guardian in order for the school staff to dispense medication to the child named below. All medication must be handed directly to a staff member with this release **fully completed, signed and dated**. (Please print)

Student's Full Name

Date

I wish this child to receive the following medication at school. All medication will be given when lunch is finished (12:15 a.m.). Please fill in the following blanks.

Name of Medication	Form (Liquid, tablet, etc.)	Dosage
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

Precautions, if any _____

Refrigeration necessary? Yes ___ No ___

Administer medication beginning on _____ and ending on _____
Date date

If this is an ongoing medication a new form must be filed every three months.

Parent or guardian is responsible for picking up the medication on the ending date or it will be discarded.

Procedures Regarding Dispensing Medication at School

1. Medication must be handed to a staff member, it may not be sent in lunch container.
2. All Blanks on this form must be completed.
3. Only medication described on this form will be given.
4. Such medication should be taken by the student in accordance with instruction listed on the bottle.
5. All medication brought to school must be in the **original bottle**. Prescription bottles must be clearly marked with the name of the child, the name of the prescribing physician, the name of the medication, the druggist who dispensed the medication or manufacturer, the amount of medication to be taken and the specified times or a specified situation and expiration date.
6. Medication must be in a child proof container.

To notify you that the medication has been dispensed you will note an ~~M~~ on the sign out sheet in that day's space. A record will also be kept in your child's file after the medication cycle is complete.

_____ Cell phone _____
Print Parent of Guardian's full name

_____ Date _____
Signature

date																
Med #1																
Med #2																
Med #3																

date																
Med #1																
Med #2																
Med #3																

date																
Med #1																
Med #2																
Med #3																

Thank you for your cooperation in following these guidelines suggested by the Department of Social Services Child Care Licensing.