



## Medication Authorization

I hereby authorize the staff of Quiet Waters Montessori Academy to administer-

(Name of Medication) \_\_\_\_\_ at (Time) \_\_\_\_\_ in the amount of (dosage) \_\_\_\_\_ to be administered (orally, topically) \_\_\_\_\_ to (Child name) \_\_\_\_\_ on the following dates \_\_\_\_\_ or when symptoms are being exhibited (please describe symptoms) \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I release Quiet Waters Montessori Academy and the Staff of QWMA from any liability in administering the medication as per the doctor's instructions.

Name of Medication	Dosage	Method	Date	Time	Staff initials

Predicted side – effects \_\_\_\_\_

\*Medication must be in its original container and must have the name of the child, doctor, date of prescription, drug name and dosage.

