Brickton
MONTESSORI
ACTIVE LEARNING
FOR CURIOUS MINDS

Medication Consent Form

Child's Name: _____

Age: _____ Lead Teacher: _____

1. Doctor's Diagnosis:
2. Date of Doctor's Visit:
3. Doctor's Name:
4. Medication Prescribed:
5. Dosage:
6. Time of day (limit to once daily):
7. Number of days to be given:
8. Side effects, if any:
9. Special Instructions:

Please check the medication sheet in your child's room to see times administered.

Date to begin:	Date to stop:

Parent Signature/Date: _____