



# The Montessori School of Pullman

115 NW State St, Suite 112  
Pullman, WA 99163



pullmanmontessori.org  
509.334.4114

## **Medications at School - To be Completed as Needed**

When students need medications\* at school, child care licensing requires that:

- A. All medications must be in their original containers with the child's name on the container
- B. Medications will be dispensed by the teachers or other authorized personnel according to the directions on this form
- C. This form must be on file in your child's folder before any medication will be given
- D. Medications given longer than three weeks require a letter and signature from your child's doctor

**\*The term "medications" applies to all topical and ingested/administered materials including but not limited to Tylenol, inhalers and prescriptions**

### **Parental Request**

Student Name: \_\_\_\_\_

Health Problem: \_\_\_\_\_

Medicine: \_\_\_\_\_

Time of Day to be Taken: \_\_\_\_\_

Amount to be Taken: \_\_\_\_\_

Frequency: \_\_\_\_\_

Method of Administration at Montessori: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I certify that I am the parent/legal guardian of the child named above and request and authorize the Montessori school to administer the above identified medication in accordance with the prescription or doctor's instructions.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Childcare Medication Log

Child's Name (first and last):			
Name of Medication (as it appears on a medication container):			
<b>**If a medication was not given, you must document the reason why. **</b>			
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Name</span> <span>Signature</span> </div>			
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Name</span> <span>Signature</span> </div>			
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Name</span> <span>Signature</span> </div>			
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Name</span> <span>Signature</span> </div>			
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Name</span> <span>Signature</span> </div>			