

## Lighthouse Montessori School

### Medication Form

Medication will only be given if prescribed by a medical physician. Medication must be in the original container with the prescription label. This form must be completed each day the child is to receive the medication.

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Giving medication \_\_\_\_\_ Time \_\_\_\_\_

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