

**Lighthouse Montessori School  
Medication Authorization Form**

Medication will only be administered if prescribed by a licensed physician. All medications must be in their original containers with the prescription label. For over-the-counter medications, a doctor’s note is required. This form must be completed and signed **daily**. Please upload a picture of the completed form to the TimeTree/Medication Log.

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

Child’s Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

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

Dosage: \_\_\_\_\_

Number of Times Anticipated to Give Today:

1            2  
Time(s) to Be Given: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**First Administration:**

- Teacher Administering Medication: \_\_\_\_\_
- Time Administered: \_\_\_\_\_
- Director’s Signature: \_\_\_\_\_

**Second Administration (if applicable):**

- Teacher Administering Medication: \_\_\_\_\_
- Time Administered: \_\_\_\_\_
- Director’s Signature: \_\_\_\_\_

**Lighthouse Montessori School  
Medication Authorization Form**

Medication will only be administered if prescribed by a licensed physician. All medications must be in their original containers with the prescription label. For over-the-counter medications, a doctor’s note is required. This form must be completed and signed **daily**. Please upload a picture of the completed form to the TimeTree/Medication Log.

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

Child’s Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

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

Dosage: \_\_\_\_\_

Number of Times Anticipated to Give Today:

1            2  
Time(s) to Be Given: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**First Administration:**

- Teacher Administering Medication: \_\_\_\_\_
- Time Administered: \_\_\_\_\_
- Director’s Signature: \_\_\_\_\_

**Second Administration (if applicable):**

- Teacher Administering Medication: \_\_\_\_\_
- Time Administered: \_\_\_\_\_
- Director’s Signature: \_\_\_\_\_