

(FORM B)

HILLTOP MONTESSORI SCHOOL
6 Abbott Square ~ Birmingham, AL 35242 ~ (205)437-9343
MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name _____ Prescriber's Name _____
School Hilltop Montessori School Grade _____ Teacher _____ Date _____
List any drug allergies/reactions _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for taking _____
1st Dose Amount _____ Time to be given at school _____ Route _____
2nd Dose Amount _____ Time to be given at school _____ Route _____
3rd Dose Amount _____ Time to be given at school _____ Route _____
As Needed Amount _____ How often to be given _____ Route _____

Start administration of Medication at School Beginning _____ Discontinue Medication _____
(Date) (Date)

Does medication require refrigeration? Yes () No ()
If asthma inhaler or emergency medication, do you recommend this medication be kept "on person" by the student? Yes () No ()

Potential Side Effects/Contraindications/Adverse reactions _____

Treatment Order in the event of an adverse reaction _____

SIGNATURE OF PRESCRIBER

DATE

PHONE #

PARENT/GUARDIAN AUTHORIZATION

I authorize HILLTOP MONTESSORI personnel to assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage or times of the medication is changed. I understand that it is my responsibility to pick up any unused medications. Medications left at HILLTOP after June 15th of each year will be destroyed.

Medications should be registered with the Principal or his/her designee. It should be in the original container and be properly labeled with the student's name, prescriber's name, date of dispensation, name of medication, dosage, strength, time interval, route of administration, and the drug's expiration date when appropriate.

SIGNATURE OF PARENT/GUARDIAN

DATE

PHONE #

I authorize and recommend self-medication by my child for the above medication. **(To be signed only if your child is on an inhaler or other emergency medication.)**

SIGNATURE OF PARENT/GUARDIAN

DATE

PHONE