OAK FARM
MONTESSORI SCHOOL
MIDDLE SCHOOL • HIGH SCHOOL

Medication Permission Form

2026-27

Oak Farm Montessori School prefers **not** to administer medication. However, if parents are unable to give medications before or after school, medications will be administered as described in the appropriate level handbooks.

In general, all medication requires specific written authorization from the child's physician, parent, or guardian. The written authorization must contain all of the following information:

- Child's name
- Name and prescription number of medication
- Specific instructions including dosage, possible side effects, and dates medication is to be given
- Reason for the medication
- Parent or guardian's signature

All prescription medications must be in the original container from the pharmacy with the child's name on it. For long-term medications, written authorization must be updated monthly and as a change is made.

DATE:_____ STUDENT NAME: _____

CONDITION/AILMENT: _____

NAME OF MEDICATION: _____

DOSAGE / QUANTITY TO BE GIVEN: _____

TIME TO BE GIVEN: _____

DATES TO BE GIVEN: FROM: _____ TO: _____

SPECIAL INSTRUCTIONS/POSSIBLE SIDE EFFECTS:

_____

_____

_____

PARENT OR GUARDIAN SIGNATURE: _____

DATE	TIME	DOSAGE	SIGNATURE OF PERSON ADMINISTERING