

Rising Star Montessori Academy

440 East Lanier Ave. Fayetteville, GA 30214 Ph. 770.461.1595 Office@RisingStarMontessoriSchool.com

AUTHORIZATION FOR MEDICATION

Child's Full Na	ame:			
Name of Med	ication:			
Prescription N	No. (or OTC):			
Dates to Administer: (14 Days Maximum)		to		
Time(s) to be	e Given:			
Dosage to Ad (As Prescribed/In	lminister: structed on Bottle)			
			Date: _	/ /
Parent Signat	ture			
PRINT PAREN	IT NAME:			
FOR CENTER	R USE ONLY			
Date	Time Civen	Decado	Advarge Depetiene?	Administered By
	Time Given	Dosage	Adverse Reactions?	Aurimistered by
		Dosage		
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