

Rising Star Montessori Academy

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

AUTHORIZATION FOR MEDICATION

Child's Full	l Name:			
Name of Medication:				
Prescription No. (or OTC): _				
Dates to Administer: (14 Days Maximum)		to		
Time(s) to be Given:				
	Administer: d/Instructed on Bottle)			
Daviert Circ			Date: _	
Parent Sig				
PRINT PAR	RENT NAME:			
FOR CENTER USE ONLY				
Date	Time Given	Dosage	Adverse Reactions?	Administered By