

**Metropolitan Montessori School  
Medication Release Form  
2011-2012**

**State law prohibits children from taking medication on their own at school. At MMS, all medication is administered by a school official and a signed release is required. All medication other than the stock items listed below should be sent to Lori Joachim.**

Child's Name: \_\_\_\_\_

Type of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Daily dose of Medication: \_\_\_\_\_

Dose of Medication to be given at school: \_\_\_\_\_

What time, if any, to specifically give medication: \_\_\_\_\_

Side effects, if any: \_\_\_\_\_

Prescribing doctor and doctor's phone number: \_\_\_\_\_

Please list any allergies your child might have: \_\_\_\_\_

We (I), the undersigned, give Metropolitan Montessori School permission to dispense the medication list above to our child for the period of (check one):

\_\_\_\_\_ 2011-2012 School Year

\_\_\_\_\_ from the following dates: \_\_\_\_\_

\_\_\_\_\_ until further notice

\_\_\_\_\_ I give MMS permission to administer the following when necessary:

Children's Tylenol

Adult Advil  
(Elementary only)

Benadryl (orally)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date