



## Medication Authorization Record

Kentucky law states that medication will not be administered unless a written statement from the Parent/Guardian authorizing staff to assist the child in taking the medicine is on file at school. Please complete this **Medication Authorization Record** form for each day that medication is to be administered. No medication will be administered without a completed form on file. All medication will be administered by the MSL staff only.

Send this form to the FRONT OFFICE wrapped around the medicine and secured with a rubber band. Prescription medicines must list the child's name, prescription number, doctor, dosage amounts and times. Documentation of all administered medicines will be kept on file by MSL administrator. A child on continuing medication will be given the medication **ONLY** with the signature of the Parent/Guardian on a long-term medication form, thus releasing MSL from liability.

<i><b>In making this request, I release Montessori School of Louisville from all liability resulting from use of this medication.</b></i>					
<b>Date</b>	<b>Child's Name</b>	<b>Medicine Name</b>	<b>Amount to be given</b>	<b>Time to be given</b>	<b>No. of bottles</b>
<b>Parent Signature:</b>					
<b>Print Full Name of Staff Person administering medicine:</b>		<b>Amount Given:</b>	<b>Time(s) Given:</b>	<b>Staff Signature:</b>	