Brooklin Mill Montessori School Inc.
Drug Administration Authorization Form

Receipt and Acknowledgement of Medication (To be and signed and completed by parent)			
Name of Child		**Name of Medication**	
Date Received		**Date Purchased:**	
Physician Name		**Physician Telephone Number:**	
Dosage:		**Frequency / Time of Administration**	
Storage Instructions:			
Other Administration Instructions			

	Name	**Signature**
Parent		
Teacher / staff.		

Record of Drug Administration (To be and signed by and completed by Teacher / Staff)			
Date and Time	**Dosage**	**Observations**	**Adminstrator (Name & Initials /Signature)**