



Montessori Mes Petits Academy (2010)  
Care & Education

**Medication Authorization Form**

(Use this form only when the child needs to take  
medication at Mes Petits)

Date: \_\_\_\_\_

I hereby give my permission to the staff of Montessori Mes Petits Academy to  
administer \_\_\_\_\_

(Name of Medication and Prescription Number or over the counter's Medication)

to my child \_\_\_\_\_ according to the Doctor's orders

and instructions. (This will be on the vial or bottle for prescription drugs).

\_\_\_\_\_  
Signature of Parent or Guardian

**Medication Record**

Name of Child \_\_\_\_\_ Physician \_\_\_\_\_

Name of Medication \_\_\_\_\_

Date Commenced \_\_\_\_\_ Date Stopped \_\_\_\_\_

Time                      D              M              Y              Dosage                      D              M              Y

Additional Comments (Possible Reactions, Consequences of Missing Medication)

**NOTE** One form for each prescription or refill is needed. Completed form  
goes into the child's file.

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