



**Rising Star
Montessori School**
Alameda, CA 94501
www.risingstarschool.org
Established 1982

High Street Campus
1421 High Street
(510) 865-4536 • Fax (510) 865-4538
license # 013420949

Cottage Campus
770 Santa Clara Avenue
(510) 521-8940 • Fax (510) 814-4191
license # 013420950

AUTHORIZATION AND RECORD MEDICATION

Upon Completion of Medication This Form is Placed in child's file

Name of child (receiving medication): _____ Date: _____

Name of Medication: _____ Expiration Date: _____
(Medication must be removed from the school by the expiration date)

Need Refrigeration _____ Yes _____ No

Date to start medication: _____ Date to end medication: _____

Dosage: _____

Time(s) of day to be given: _____

Relevant side effects to be observed: _____

Medication shall be administered only if:

- Child's name is on unaltered prescription label and dated.
- Parent writes child's name and date on over the counter medication.
- Parent completes medication form.

Medication will not be administered if:

- Over the counter medication indicates inappropriate age limit (unless a written authorization is available from physician).
- Parent instructions conflict with the label/physician's directions.
- Prescribed medication has expired or the label has been altered.

Note: A separate form must be completed for each medication.

I authorized the staff of the Rising Star Montessori School to administer the above medication to my child.

(Parent/Authorized Representative Signature) Parent's phone number Parent's address

(Physician's name) Physician's phone number Physician's address

Instructions verified by Staff _____
(Signature) Date

Only permanent staff may administer medication. Please turn over for record of medicine administrated.

9/1/15

