



ARBOR MEDICATION INFORMATION

** Please print legibly **

Name: _____ Age: _____ Weight: _____ lbs.

Condition for which medication is needed: _____

Medication Name: _____

Pharmacy Name and Phone#: _____

Prescription #: _____

Medication Strength (e.g., mg per tablet or capsule or mg per specified volume): _____

Method of giving medication (circle one): ●by mouth ●skin patch ●inhaled ●injected

Time(s) to be given (specific time[s] of day that dose[s] should be given): _____

Other Special Instructions: _____

If a dose is missed, what should the teacher do? (check one)

give dose late and reset the time schedule from the time of this dose

give dose late and give next dose at scheduled time

skip this dose and give next dose at the scheduled time

Do you want to be notified if a dose is skipped or given more than 1 hour past its scheduled time? Yes No

What are the possible common side-effects of this medication? _____

NOTE THE FOLLOWING!

TYPE OF MEDICATION	REQUIRED CONTAINER	REQUIRED DOCUMENTATION
Prescription Drug, to be given for more than 2 weeks or to be available at all times ("continuous")	Pharmacy-labeled container (ask pharmacist for extra container for school)	This form, plus letter from physician
Prescription Drug, to be given less than 2 weeks	Pharmacy-labeled container	This form only
Non-Prescription Drug, either temporary (includes single doses) or continuous (includes drugs kept available for "as-needed" use)	Labeled, sealed container (e.g., labeled jar or Ziploc® bag)	This form only

OVER ►

Please read and sign below:

I understand that Arbor Montessori School is administering medication to my child as a courtesy to me. I understand that the teacher will do her best to administer the medication in a safe and timely manner. I agree to provide in accordance with state regulations:

- This form
- The medication in its required container
- Any other required documentation as described above

I also agree to:

- Deliver the medication and this form directly to an Arbor staff member (this may be done in the carpool line)
- Inform Arbor in writing if any of the above information changes

I understand that Arbor teachers are prohibited from dispensing any medication unless all of the above terms are met. I agree to not send medication with my child to school in a lunchbox, backpack, etc. I understand that the first dose of any medication will NOT be administered by Arbor staff.

Parent's Signature

Date

Printed Name