Village Montessori School

Medicine Release Form

We cannot administer any medication to your child without completion of this form.
Please print clearly in blue or black ink.

Child's Name: _____ DOB: _____/_____/_____

Classroom: _____

Village Montessori School has my permission to administer the following medication:

Drug name: _____ Dosage: _____

Times: _____

Is this a prescription? YES ☐ NO ☐ Is refrigeration required? YES ☐ NO ☐

Special Instructions:
_____
_____
_____

Signature: _____ Date: _____

Administered at Village Montessori:

Date	Time	Dosage	Administered by: