MONTESSORI OF ALAMEDA

Infant Toddler, Preschool, Kindergarten
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Executive Director: Tammy Kennedy (503)422-3608

Medicine Management Form for _____ Class   SY _____

I _____ parent of _____ give my permission for
Montessori of Alameda to dispense _____ for _____.
                                (name of medicine)   (specific area of concern)
The dosage is _____ every _____ only. My child has received the last dosage of

this medication on _____ around _____am/pm.
* All medications need to have a specific dosage and period written down for instruction purposes as any staff is not allowed to give any medication on an as needed basis.

Parent Signature _____ Date: _____

Administered By: _____   Time: _____   Administered By: _____   Time: _____
Administered By: _____   Time: _____   Administered By: _____   Time: _____
Administered By: _____   Time: _____   Administered By: _____   Time: _____
Administered By: _____   Time: _____   Administered By: _____   Time: _____
Administered By: _____   Time: _____   Administered By: _____   Time: _____

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Montessori of Alameda to dispense _____ for _____.
                                (name of medicine)   (specific area of concern)
The dosage is _____ every _____ only. My child has received the last dosage of

this medication on _____ around _____am/pm.
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I _____ parent of _____ give my permission for
Montessori of Alameda to dispense _____ for _____.
                                (name of medicine)   (specific area of concern)
The dosage is _____ every _____ only. My child has received the last dosage of

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* All medications need to have a specific dosage and period written down for instruction purposes as any staff is not allowed to give any medication on an as needed basis.

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Administered By: _____   Time: _____   Administered By: _____   Time: _____