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admin@montessoriofalameda.com Executive Director: Tammy Kennedy (503)422-3608

Medicine Management For	m for	Class	SY
Ι	parent of		give my permission for (specific area of concern)
Montessori of Alameda to	dispense	for _	·
The dosage is	(name o	of medicine) only. My child ha	(specific area of concern) as received the last dosage of
* All medications need to have allowed to give any medications	ve a specific dosage and peri		uction purposes as any staff is not
Parent Signature	Date	::	
Administered Ry	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:
I	parent of		give my permission for
Montessori of Alameda to	dispense	for	(specific area of concern)
	(name c	of medicine)	(specific area of concern)
The dosage is	every	only. My child ha	as received the last dosage of
allowed to give any medication	ve a specific dosage and peri on an as needed basis.	od written down for instr	uction purposes as any staff is not
Parent Signature	Date	<i>.</i>	
Administered Dy	Time:	Administered Day	Time:
Administered By:	Time:		Time:
Administered By:	Time:	Administered By:	Time:
Administered By:	Time:	Administered By:	Time:
	Time:	Administered By:	Time:
I	parent of		give my permission for (specific area of concern)
Montessori of Alameda to	dispense	for	·
	(name c	of medicine)	(specific area of concern)
The dosage is	every	only. My child ha	as received the last dosage of
this medication on			
* All medications need to havallowed to give any medication	re a specific dosage and peri on an as needed basis.	od written down for instr	uction purposes as any staff is not
Parent Signature	Date	::	
Administered Ry	Time:	Administered By	Time
Administered By:	Time:	Administered Rv	Time: Time:
Administered By:	Time:	Administered By:	Time:
	Time:	Administered By:	Time:
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