



Little Scholars Montessori

Consent & Acknowledgement Form

PARENT'S INSTRUCTIONS:

1. All prescription and non-prescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and non-prescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and non-prescription medications shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.
5. Parents **MUST** demonstrate how to properly administer all medications prior to use.

Child's Name: _____ Date of Birth: _____

Sunscreen: Yes No

Bug Spray: Yes No

Medication Name	Dosage	Time of Day	Duration

I authorize Little Scholars personnel to assist in the administration of medication described above to the child named above.

Parent Signature: _____

Date: _____

Printed Name: _____