



SAFETY HARBOR MONTESSORI ACADEMY

MEDICATION RECORD and PARENT AUTHORIZATION

Child's Name: _____

Name of Medication: _____

Amount of Dosage: _____ Administered When: _____
(1 tablet, 1 teaspoon) Time(s) of Day

Administered How: _____
Describe - Orally? Topically?

Administered From: _____ To: _____
Date Date

Authorized By: _____ Date: _____
Parent(s) / legal guardian(s) signature

DATE MEDICATION ADMINISTERED	TIME MEDICATION ADMINISTERED	ADMINISTERED BY Signature / Initials