



Casa Esperanza Montessori

a dual-language charter school and preschool community

Medication Administration Request Form

Child's name _____ Age _____

I request that my child be administered the medication/sunscreen as indicated below. I understand that non-medical personnel conduct the administration. I understand that it is my responsibility to provide the medication to the school. I will immediately notify the school of any changes in my child's medication schedule which would impact this administration.

My child _____ should receive:

<i>Name and form of medication</i>	<i>Dosage</i>	<i>Times</i>
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Method of administration _____

Who may administer the medication?

Any staff member

Other _____

Side effects to watch for _____

<i>Parent/Guardian Signature</i>	<i>Telephone/Cell</i>	<i>Today's date</i>
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Approved by: _____
Signature of principal