



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:

Name and form of medication *Dosage* *Times*

Method of administration _____

Who may administer the medication?

Any staff member

Other _____

Side effects to watch for _____

Parent/Guardian Signature

Telephone/Cell

Today's date

Approved by: _____

Signature of principal