



Casa Esperanza Montessori

a dual-language charter school and preschool community

Prescribed Medication Form Formulario para Medicina Prescrita

To be completed by parent / Para ser llenado por los padres:

Child's Name _____ Age _____ School _____
Nombre del Niño/a _____ Edad _____ Escuela _____

I request that my child be administered the medication as indicated in the physician's order below. I understand that non-medical personnel conduct the administration. I understand that it is my responsibility to provide the medication to school unless special arrangements are made with the Head of School.

Solicito que a mi niño/a se le administre el medicamento como está indicado abajo en la orden del médico. Entiendo que la persona que va a administrar la medicina no es un personal médico. Entiendo que es mi responsabilidad proveer la medicina a la escuela a menos que se hayan hecho arreglos especiales con la Directora de la Escuela.

I authorize of medical release and exchange information between my child's physician and the school as is necessary to carry out this service for my child.

Yo autorizo, si fuese necesario, el intercambio de información médica, entre el medico de mi niño/a, y la escuela para llevarse a cabo el servicio de administración de medicamento mencionado abajo.

Parent/Guardian Signature _____ Telephone/Cell _____ Date _____
Padre/Firma de Guardián _____ Teléfono/Celular _____ Fecha _____

To Be Completed By Physician

The child indicated above must have the medication listed during school hours in order to function at school.

Name of medication _____ Dosage _____ Hours to be given _____

Method of Administration _____

Administration by Student School Personnel

Side effects to watch for: _____

_____ Duration of order _____

Telephone _____ Physician's Name (Please type or print) _____ Physician's Signature _____ Date _____

PERSONS ADMINISTERING DRUG

To be completed by school:

Name _____ Title _____

Approved by:

Signature of Head of School _____ Date _____