



The Montessori Elementary School  
**Physician Order and Medication Authorization  
Form for Prescription Medication**  
(Please complete every item on this form.)

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

**ALL MEDICATION MUST** BE IN ITS ORIGINAL CONTAINER. THE PRESCRIPTION MEDICATION **MUST** INCLUDE THE PHARMACY LABEL THAT HAS THE CHILD'S NAME, TYPE OF MEDICATION, THE DOSE, THE SCHEDULE FOR ADMINISTERING, THE PHYSICIAN'S NAME, AND THE DATE.

**PHYSICIAN'S ORDER AND STUDENT COMPETENCY STATEMENT**

1. I have examined this student for (diagnosis) \_\_\_\_\_ and have determined she/he requires medication during school hours.
2. Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_
3. Generic substitution is permitted  Yes  No
4. Time of administration \_\_\_\_\_
5. This student is expected to be receiving this medication (how long?) \_\_\_\_\_
6. Special instructions regarding this medication \_\_\_\_\_
7. Contact me if the following signs or symptoms appear \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT** (Please complete the appropriate statement below.)

1. /We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_, request that a school employee assist the student with the self-administration of the above medication, according to the physician's instructions. I/We agree to furnish the necessary prescribed medicine in the properly labeled container, to provide replacement medication as necessary, and I/we agree to notify the school immediately if the physician or medication prescription is changed.
2. FOR STUDENTS WHO HAVE A DISABLILITY THAT PREVENTS THEM OF SELF-ADMINISTRATION:  
I/We the undersigned parent(s)/guardian(s) of \_\_\_\_\_, request that a school representative administer the above medication, to the student, according to the physician's instructions. I/We agree to furnish the necessary prescribed medication and I/we agree to notify the school office immediately if the physician or medication prescription is changed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_