



Parent Permission Form for Administering **PRESCRIPTION MEDICATION**

The state of New Mexico has very clear and simple guidelines for the administration of medication by state accredited schools.

- ❖ **All prescription medication MUST BE IN THE ORIGINAL CONTAINER(S).**
- ❖ The prescription medication **MUST INCLUDE THE PHARMACY LABEL.** The label **must include** the patient's name, type of medication, dose, the schedule for administering, the physician's name, and the date. (If you do not have the label, you may contact the pharmacy that filled the prescription and request a new copy.)

In addition, The Montessori Elementary School requires that the following guidelines be followed by parents:

- ❖ All prescription medication(s) must be accompanied by this signed form.
- ❖ The medication(s) and this permission form **must be delivered to the school by a parent or guardian.** Likewise, medication(s) **may only be picked up by a parent or guardian. Students ARE NOT PERMITTED to transfer medication(s) of any kind to and/or from school.**
- ❖ All medication(s) should be delivered to the Nurse's Office. **Do not** give medication(s) to the teacher.
- ❖ All medications will be given per the specified schedule as class activities permit.
- ❖ It is the responsibility of the parent and student to remember and request medication administration whether it is scheduled or as needed.

Signature of Parent or Legal Guardian

I have read and understand the above requirements and give TMES permission to administer the following prescription medication(s) as described on the prescription container or the physician and/or parent's written instructions. I agree to furnish the necessary prescribed medicine in the properly labeled container, to provide replacement medication as necessary, and I agree to notify the school immediately if the physician or medication prescription is changed.

Name of Student: _____ Teacher: _____

Name of Medication: _____

Dosage: _____ Time of Administration: _____

Period of time or duration student will be receiving medication? _____

Special Instructions: _____

Parent/Guardian Signature: _____ Date: _____