



Parent Permission Form for Administering

NON-PRESCRIPTION MEDICATION

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

- ❖ **All medication MUST BE IN THE ORIGINAL CONTAINER(S).**
- ❖ The school cannot administer any non-prescription medication including aspirin, aspirin substitutes, or cough syrup without a written order from a parent or physician that includes the child’s name, the dose, schedule of administering, the physician name, if applicable, and the date.

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

- ❖ All non-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 non-prescription medication(s) as described on the medication container or the physician and/or parent’s written instructions.

Name of Student: _____ Teacher: _____

Name of Medication: _____

Dosage/Other Instructions: _____

Parent/Guardian Signature: _____ Date: _____