

Emergency Health Form Montessori Children Center

Name of Child: _____ Date of Birth _____

- Epinephrine for prevention of anaphylaxis
- Asthma medication
- Over the counter medication

Diagnosis _____

Symptoms or condition, which requires administration of Medicine: _____

Medication Name (S) _____ Dosage to be given at school _____

Time to be given _____ Interval for repeating dosage _____

If student is taking more than one medication, please list sequence in which medications are to be given

Special Instructions/Action for school staff in case of a reaction _____

Physician Name (Print)

Physician Signature

Date

- I hereby request personnel of Montessori Children's Center to facilitate the use of medication as directed in this authorization. I agree to release, indemnify and hold harmless Montessori Children's Center and their officers staff members or agents from lawsuit, claim, expense, demand, action, ect., against them for assisting this student with the use of medication provided the staff comply with the physician's orders set forth in accordance with the provisions of the emergency health form as listed above.

Parent Name (Print)

Parent Signature

Date

Director Or Director Designee

- Emergency Health Form completed including signatures where applicable
- Medication is in original packaging and is clearly labeled by a pharmacist

Director/Designee Name (Print)

Director / Designee Signature

Date

