

AUTHORIZATION AND REQUEST TO DISPENSE MEDICATION

I, _____, as the parent and/or legal guardian

of _____, request and authorize a staff member from Smithville Montessori Academy to administer the medication listed below to the above listed child. I understand and agree that I must provide the medication in its original packaging if it is an "over the counter" medication and that Smithville Academy, Inc. will not recognize an authorization or comply with a request to provide the child with a dose contrary than that listed on the manufacturer's directions unless it is accompanied with legible instructions from a licensed physician.

I further understand and agree that I will provide prescription medication in its original container with the legible directions on the label. I understand Smithville Montessori Academy will not recognize an authorization or comply with a request to provide the child with a dose contrary than that listed on the prescription medication label.

I understand that the staff person administering the medication is not a trained medical professional and I further state that I will not hold the person administering the medication or Smithville Montessori Academy, nor any of its employees, officers or assigns, liable for any action or omission related to the administering of the medication, whether or not the medication was administered as directed below.

I agree to revoke this request and authorization in writing by signing below or otherwise providing a clear statement stating that I am withdrawing my consent, authorization and request to the above authorization.

Name of Medication: _____

Dosage: _____ per _____

Time of day to be administered: _____ a.m. / p.m.

This authorization and request is to start on _____ and end on _____.

Parent or Guardian's Signature: _____

_____ Date

REVOCAION OF AUTHORIZATION AND REQUEST

I hereby revoke and terminate the authorization given above.

Date and time

