



AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE AGREEMENT

I, _____, am the parent or legal guardian of _____.

I authorize and direct the Montessori School of Celebration (Montessori School of Celebration, its agents, director and employees shall hereinafter be referred to as MSC) to administer medication to my child as described below.

MSC will administer prescription medication only from the container from which it was dispensed by my registered pharmacist and only in accordance with the instructions printed on the container by my registered pharmacists. MSC will not administer prescription medication to my child from a container that indicates that the prescription has expired, or that the prescription was not issued for my child. I hereby wave, release and discharge any and all claims against MSC for damages for death, personal injury or property damage my child or I may suffer as a result of MSC's administration of prescription medication in accordance with its printed instructions.

MSC will administer non-prescription medication according to written instructions. I accept full responsibility for the consequences of administration of non-prescription medication according to my instructions. MSC shall have no duty or obligation to check the reasonableness or propriety of my instructions and I wave, release and discharge any and all claims against MSC for damages for death, personal injury or property damage I or my child may suffer as a result of MSC's administration of non-prescription medication in accordance with my instructions.

I have read, understand and agree with the terms and conditions above.

Signature _____ Date _____

Table with 6 columns: NAME OF MEDICINE, AMOUNT, METHOD, TIMES OF DAY, DATE FROM, DATE TO. Contains 4 empty rows for medication recording.

FOR OFFICE USE ONLY: Record of Medication given to: _____

Table with 6 columns: NAME OF MEDICINE, AMOUNT, METHOD, TIMES OF DAY, DATE FROM, DATE TO. Contains 6 empty rows for office use only medication recording.