

The Montessori School of Camden
Administration of Specific Medications

Child's Name _____

Name of Medication _____

Date(s) to be administered _____ Time(s) of day _____

*Medication must be in the original prescription container. Please specify directions and dosage: _____

Parent's Signature _____

Provider's Signature _____

MSC Form 3-13, 15 March 2020

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