



CHILDREN'S HOUSE
MONTESSORI SCHOOL

Respect - Nurture - Educate - Inspire

2848 Grubb Rd, Wilmington, DE • www.childrenshouse-de.org • 302-329-8289

Permission to Administer Medication Form

We/I, the parent(s) or guardian(s) of

_____ (Name of Child)

ask that a qualified staff member of **The Children's House Montessori School** administer the medicine(s) listed below:

TYPE OF MEDICINE	DOSAGE	DATES & TIME TO BE GIVEN

We/I understand that this medicine must be hand-delivered to the staff member by the parent or guardian at the time this form is signed. Medication must be in its original container, marked with dosage and times to be given. We/I further understand that the medication will not be dispensed unless this procedure is followed.

We/I understand also, that we, the parents or guardians, release **The Children's House Montessori School** as well as their administrators and any other employees thereof from any and all liability relating to the dispensing of medications and agree(s) to indemnify, defend and hold harmless **The Children's House Montessori School** and employees thereof from any actions, lawsuits of damages resulting from the dispensing of medications to the child or children of the undersigned by the said **Children's House Montessori School**.

Parent Signature

Date