



A special place for your children
to learn, to grow and to be happy

HUMBERSIDE MONTESSORI SCHOOL LTD.

121 Kennedy Avenue, Toronto, Ontario M6S 2X8

Tel: (416) 762-8888

RECORD FOR MEDICATION

DEAR PARENT: PLEASE COMPLETE THE TOP PORTION OF THIS FORM

Date: _____

Child's Name: _____

Class: _____

Name of Medication: _____

Dosage and times: _____

DOES MEDICATION NEED TO BE REFRIGERATED: YES NO

Administration of medication authorized by: _____

Please Print

Signature: _____

The following portion is to be completed by Humberside Staff:

Date	Name of Medication	Dosage	Time	Given By

Comments or special instructions: