## **Medical Administration Consent (MAC) Form**

,(parent/caregiver) authorize the classroom teacher					
or the Director of Regalo Monte	essori Private Scho	ool to administer			
(dosage) of	(name of medication) to				
(child's name) on(de	ate) until	(date) at	(time		
of administration).					
Special Instructions (i.e. to be to					
Side Effects to Monitor For:					
The Medication is to be stored:					
O At Room Temperature	O In Refrigero	ator			
Please Note:					
Medication must be in its original container and not have expired (expired medication will not be administered).					
Date:	_ Parent's Sig	nature:			
Classroom Teacher/Director's Signature:					

Date:	Time Administered:	Dosage:	Signature: