



**Deer Path Montessori School
Paragon Village
429 Route 46 East, Hackettstown, NJ 07840
908-498-0500**

**Short Term Medication Request Form
Prescription and OTC**

I request that my child _____ have medication administered at school.
(child's name)

Please give him/her _____ of _____
(dosage) (name of medication)

at _____ from _____ to _____
(time) (beginning date) (ending date)

I understand that a Deer Path Montessori School staff member will administer the above medication to my child from its original container indicating content, as stated from the manufacturer or pharmacy, for the period of time specified above. I hold the school harmless in the dispensing of this medication.

(date)

(parent/guardian signature)