Children's Montessori School (to be used for epi pen or puffers)

Medication/Treatment Record for EMERGENCY and/or Special Circumstances

This medication is to be given on the judgment of the childcare operator or designate only to be used for life saving situations.

Student's Name:____

ⁱMEDICATION/TREATMENT INFORMATION

- ****To be completed for all <u>emergency</u> medications and treatment**
- ****Parent to complete - one medication / treatment per form**

Medication Name: ……………………………………..……….. Dosage: ………………………..

Description (circle one): liquid inhalant other

Storage Instructions:
…………………………………………….........………….…………….…………………………

When does child need medication?
…………………………………………………………….…………………………..........……………….………………

Administration Instructions:
…………………………………………………………………….........………………………………..

I release (CCMS) and it's employees from any liability, however caused, arising out of administering, of failure to administering, or failure to administer, the medication provided herein. This is to remain in effect from ______________ to _______________, unless otherwise notified in writing.

(start date) (end date)

____ ________________________
Parent / Guardian Signature *Date*

♦♦♦

Medication / Treatment administration Date:			
Date / Time	**Symptoms present**	**Faculty signature**	**Parent advised**

NOTE: Once a child requires emergency/special circumstance medication, a parent should be notified via phone as soon as possible.

I HAVE REVIEWED THIS MEDICATION / TREATMENT RECORD:

____ ____________________________
parent/guardian signature **date**