

**Omni Montessori School
9536 Blakeney Heath Road
Charlotte, NC 28277
704/541-1326**

**ADMINISTRATION OF MEDICATIONS
2001-2002**

If your child will be receiving daily medication at school, please complete the information below.

Child's Name : _____

Name of Medication: _____

Dosage and Frequency of Medication: _____

Prescribing Physician: _____

Phone Number

Administration instructions for dosage at school (time, amount, etc.): _____

Parent Signature

Date