



AMERICAN
MONTESSORI
ACADEMY

WE ARE MONTESSORI

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**CONSENT FOR THE ADMINISTRATION OF
NON-PRSCRIPTION MEDICATION, OINTMENTS AND LOTIONS**

I, _____, the parent/guardian of _____, and
per DCFS 407.360, hereby give my permission for a member of the staff of South Loop Montessori
School to administer the following non-prescription medication/ointment/lotion:

_____ to my child according to my instructions or, in the case of
a non-prescription medication, according to the manufacturer’s instructions. I hereby release South
Loop Montessori School from any and all liability related thereto.

Other instructions regarding the administration of the non-prescription
medication/ointment/lotion:

Signature of Parent/Guardian_____

Date _____