MONTESSORI SCHOOL OF NORTHERN VIRGINIA
6820 Pacific Lane, Annandale, Virginia 22003 (703) 256-9577 fax (703) 256-9851

SUNSCREEN FORM

(*Must be hypo-allergenic and have a minimum SPF of 15)*

DAILY MEDICATION RECORD

(TO BE COMPLETED FOR ANY AND ALL MEDICATIONS)

Child's Name:_____ Today's Date:_____
Illness/Condition:___N/A_____

Medication (please specify product name): _____
Prescription: _____ Non-Prescription _____

Dosage: Amount:__as needed_____ Time(s) to be given: __when going outside____
Length of Treatment: _summer 2008_ Proper storage: shelf __X__ refrigerator _____

Time of last dose:____N/A____

Special Instructions:____apply to exposed skin____

Adverse Reactions? Y _____ N _____ If yes, explain _____

Parent Name: _____ Parent Signature: _____
Daytime Telephone: _____

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FOR OFFICE USE: Written doctor's authorization on file: _____ (staff initials)

DATE	TIME	DOSAGE	STAFF INITIALS	ADVERSE REACTION	ERRORS (if any)