



STUDENT NAME: \_\_\_\_\_

**MEDICATION (List names of all medications child takes, doses and times given):**

*Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Medication forms may be obtained from the school office.*

<u>MEDICATION (name)</u>	<u>DOSE</u>	<u>TIME or SITUATION</u> (When Given)	<u>WHO ADMINISTERS</u> (Child/Adult)	<u>WHERE KEPT</u> (Home/School/Backpack...)
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				
7 _____				