

Medicine at School

Student Name: _____

Date: _____

Class: _____

Parent needs to fill out a sheet for each medication left at school.

Medicine must be in the original container. If it is a prescription it needs to be in the prescription container with the child's name on it and the dose prescribed. Over the counter medicine must have a dose for the age of the child written on container. Otherwise a doctor must give a written prescription note for it.

Name of medicine: _____

Under what circumstances should the school administer this medicine? List all symptoms.

Dose and how often (it must be on the container, we cannot give an amount other than the one listed)

What to do after the medicine is given? (such as call parent and / or the doctor)

Parent Signature _____