

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

DATE OF BIRTH :: \_\_\_\_\_

ALLERGIES :: \_\_\_\_\_

Medication Guidelines ::

1. Please place medications in a Ziplock bag clearly labeled with full name and date of birth written in permanent marker on the outside.
2. Medications must be in original container with doctor's directions if it is a prescription (no pills in bags or daily dispensers).

Medication	Dose	How Often Take/Time	Reason For Taking	Initial If Student Can Self Administer

PARENT SIGNATURE :: \_\_\_\_\_

DATE :: \_\_\_\_\_

NOTES :: \_\_\_\_\_

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