

MEDICATION FORM

Student's Name: _____

Teacher/Grade: _____

Medication: _____

WE NEED:

- Form signed by the doctor
- Form signed by parent/guardian
- Medication
 - Last dose will be: _____
 - We have _____ pills/doses

Please return the medication in the current prescription bottle.

Please send the doctor's order and signature if there are any changes in dosage.

COMMENTS: