

## MEDICATION DOCUMENTATION

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

PARENT NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

List all medication including the dose and time medication is given.

**EXAMPLE:**

<b>Name of medication</b>	<b>Dose</b>	<b>Time</b>
<b>Ritalin 10mg</b>	<b>1 pill</b>	<b>10:00 am</b>

### MEDICATIONS GIVEN AT SCHOOL

<u>Name of medication</u>	<u>Dose</u>	<u>Time</u>
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_____		
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### MEDICATIONS GIVEN AT HOME

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_____		

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_