MEDICATION DOCUMENTATION

STUDENT NAME _____

PARENT NAME _____

HOME PHONE_____ WORK PHONE_____

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

EXAMPLE:	**Name of medication**	**Dose**	**Time**
	Ritalin 10mg	**1 pill**	**10:00 am**

MEDICATIONS GIVEN AT SCHOOL

Medication	Dose	Time

MEDICATIONS GIVEN AT HOME

Medication	Dose	Time

Parent Signature_____Date_____