

Prescription Medication at Home – 2021-2022

It is our policy to keep in close contact with you and your physician on the monitoring of medication. The following information is necessary to comply with this policy. Written documentation from the physician is required for any change in type, dose, or timing of medication. It is the parent's/guardian's responsibility to provide the school with this documentation. Parents/Guardians should also inform the school if a dose has been missed or if medication is discontinued. Please **answer all questions** and return this completed form to the SCHOOL OFFICE.

Student Name: _____ Date of Birth: _____ Home Phone: _____

Street Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY STUDENT'S PARENTS/GUARDIANS

*Name of Medication: _____ Dosage: _____

Time/Frequency: _____ Diagnosis: _____

Please list and special instructions, side effects, or comments staff should be aware of: _____

Severe reactions that should be reported to the staff: _____

Physician's Name: _____ **Phone :** _____ **Fax:** _____

*Name of Medication: _____ Dosage: _____

Time/Frequency: _____ Diagnosis: _____

Please list and special instructions, side effects, or comments staff should be aware of: _____

Severe reactions that should be reported to the staff: _____

Physician's Name: _____ **Phone :** _____ **Fax:** _____

*Name of Medication: _____ Dosage: _____

Time/Frequency: _____ Diagnosis: _____

Please list and special instructions, side effects, or comments staff should be aware of: _____

Severe reactions that should be reported to the staff: _____

Physician's Name: _____ **Phone :** _____ **Fax:** _____

*Name of Medication: _____ Dosage: _____

Time/Frequency: _____ Diagnosis: _____

Please list and special instructions, side effects, or comments staff should be aware of: _____

Severe reactions that should be reported to the staff: _____

Physician's Name: _____ **Phone :** _____ **Fax:** _____

**** (Please use other side for additional medications) ****

TO BE COMPLETED BY THE STUDENT'S PARENTS/GUARDIANS:

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ **Date:** _____

Primary Emergency Phone: _____ **Secondary Emergency Phone:** _____