

Prescription Medication at Home- CHANGE - 2023-2024

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 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: _____

This is a **NEW** medication This is a medication **CHANGE** This is a medication **ADDITION**

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:** _____

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 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) ****

Name of Parent/Guardian (please print): _____

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

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