

**FOR OFFICE USE ONLY – DISTRIBUTION:**  
 School Office  
 Main Office  
 Homeroom: \_\_\_\_\_

## Prescription Medication at Home

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:** \_\_\_\_\_