

**ADDITIONAL MEDICATIONS**

NAME OF STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIME TO BE GIVEN \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

MEDICATION TO BE GIVEN FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATE DATE

HOW IT IS TAKEN \_\_\_\_\_  
EXAMPLE: BY MOUTH, INHALER, WITH FOOD, CRUSHED, ETC.

ADDITIONAL COMMENTS \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIME TO BE GIVEN \_\_\_\_\_

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DATE DATE

HOW IT IS TAKEN \_\_\_\_\_  
EXAMPLE: BY MOUTH, INHALER, WITH FOOD, CRUSHED, ETC.

ADDITIONAL COMMENTS \_\_\_\_\_

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\_\_\_\_\_  
PARENT SIGNATURE/DATE

\_\_\_\_\_  
PHYSICIAN SIGNATURE/DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER