Medication Form

STUDENT NAME:_____SCHOOL:_____

MEDICATION NAME AND STRENGTH	REASON FOR TAKING	MEDICATION DOSE	WHEN GIVEN	YEAR STARTED
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_____ ☐ As Needed	
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_____ ☐ As Needed	
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_____ ☐ As Needed	
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_____ ☐ As Needed	

PARENT/GUARDIAN SIGNATURE:_____DATE:_____

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PARENT/GUARDIAN SIGNATURE:_____DATE:_____