STUDENT MEDICATION FORM

Name of Child: _____ Date:_____

Parent's Signature: _____

Daytime Phone Number:_____

Name of medication	Size of dose	Times to administer	Anticipated reactions

- **All prescription and/or over-the-counter medicines will be stored and dispensed in the office (Main Campus K5-4th grade) or the brick building (Mills Campus 5-12th grade).**
- All prescription and/or over-the-counter medicine must be turned into the office with this form .
- Over-the-counter medicines must be labeled with the child's name.
- Prescription medicine must be in original container and labeled with the child's name.

The school cannot assume responsibility to see that medication is taken at the proper time or in the prescribed manner. Students requiring close attention in this area should remain under the parent's supervision.

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