

**THE WOLF SCHOOL
CHANGE IN MEDICATION FORM
2017-2018**

Student's Name: _____ **Date:** _____

In order to best understand your child's needs, we ask that you complete this form:

When any **changes** in medication occur (increase or decrease in dosage, time of day, discontinuation, or new medication all together).

At the present time, the Wolf School does not have a school nurse on site daily. Therefore we are unable to dispense medication to the students unless the physician has written the prescription specifically for **self-medication**, and the physician and parent have both signed the attached form. Please refer to the **Self-Medication Form** for details.

❖ Please note if for some reason your child's dose has been missed in the morning, we will call you to bring the medication to school or to pick up your child.

Please complete the following: _____ Date: _____

<u>Medication/Dosage</u>	<u>Reason for Medication</u>	<u>Time to be Administered</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible Side Effects _____

Reason for the Change _____

Physician Monitoring Medications _____

Physician Contact:

Address _____

Phone _____