

**THE WOLF SCHOOL
MEDICATION FORM
2017/2018**

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

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

1. Upon admission
2. At the beginning of each school year

Complete the Change of Medication 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 full time nurse.

*** If your child is currently on a controlled substance, which must be administered during school hours, please contact our Head of School to discuss a plan.**

Please complete the following:

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

Possible Side Effects _____

Physician Monitoring Medications _____

Physician Contact: Address _____ Phone _____

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

Possible Side Effects _____

Physician Monitoring Medications _____

Physician Contact: Address _____ Phone _____