

# MEDICATION FORM - 2021/2022

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).

**Please list ALL medications your child is taking (both in school and at home):**

| <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 \_\_\_\_\_

**(Please add pages if extra space is needed.)**