

**PRESCRIPTON MEDICATION FORM**

***Medicine must be in the original prescription bottle/packaging.***

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_

Condition for which medicine was prescribed \_\_\_\_\_

Possible side effects \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Dosage amount \_\_\_\_\_ Time of day to give meds \_\_\_\_\_

(Our preference is to give meds once per day at MT.)

Give meds: \_\_\_ By mouth \_\_\_ Topically \_\_\_ Other \_\_\_\_\_

Parent's signature \_\_\_\_\_

	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				

Remaining medicine:

1. Returned to parent.
2. Discarded.
3. Used up

Initials stand for:

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Teacher's Signature \_\_\_\_\_

**OVER-THE-COUNTER PRESCRIPTION MEDICATION FORM**

*Written doctor's orders must accompany this form. Medicine must be in the original container.*

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_

Condition for which medicine was prescribed \_\_\_\_\_

Possible side effects \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Dosage amount \_\_\_\_\_ Time of day to give meds \_\_\_\_\_

(Our preference is to give meds once per day at MT.)

Give meds:  By mouth  Topically  Other \_\_\_\_\_

Parent's signature \_\_\_\_\_

	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				

Remaining medicine:

- 4. Returned to parent.
- 5. Discarded.
- 6. Used up

Initials stand for:

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Teacher's Signature \_\_\_\_\_