

# Medication form 2011-2012

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Upon admission
- At the beginning of each school year

**And 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 school nurse. If your child requires a dose during school hours, the School Nurse will call you to workout a plan. **Please complete the following:**

Medication/dosage	Reason for medication	Time to be administered:	Possible side effects:

Physician monitoring medications \_\_\_\_\_

Physician contact: Address \_\_\_\_\_

Phone: \_\_\_\_\_

**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.

Revised: 8/1/10

