

## MEDICATION FORM

### STUDENT CONTACT INFORMATION

**STUDENT'S NAME:** \_\_\_\_\_

**SEX:**  MALE  FEMALE **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

Please list below all medications that your child is currently taking both at home and in school. This form must be updated each year. If your child is receiving medication during the school day, the prescribing physician must sign below. All medication must be sent to school in its original vial.

### PRESCRIPTION MEDICATION (LIST ALL DAILY MEDICATION)

SCHEDULE/TIME <small>Specify qam, qhs, bid, tid, or qid</small>	DRUG NAME	ROUTE <small>Specify by mouth, topically or injection</small>	DOSAGE	ADMINISTER AT SCHOOL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRESCRIBING PHYSICIAN:** \_\_\_\_\_  
PRINT PHYSICIAN'S NAME
PHYSICIAN'S SIGNATURE

**TELEPHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### INSTRUCTIONS FOR EMERGENCY MEDICAL CONDITIONS

(A SEPARATE ACTION PLAN WILL BE REQUIRED FOR EACH CONDITION AT A LATER DATE)

MEDICAL CONDITION	TREATMENT
<b>Asthma:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer
<b>Diabetes:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insulin
<b>Severe Allergies:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl  Food: _____ Insect: _____ Drugs: _____ Other: _____
<b>Seizure Disorder:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

I authorize The Summit School nurse to administer the prescription medications listed above to my child as directed by my child's physician.

\_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE