A picture containing text, lamp

Description automatically generated

Form 316-02

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | School | | |  | |
|  | | | | |  | | | | Teacher | | |  | |
|  | | | | |  | | | | Grade | | |  | |
|  | | | | |  | | | |  | | |  | |
| **SELF-ADMINISTERED MEDICATION** | | | | | | | | | | | | | |
| Student’s Name: | | |  | | | | | | Birth Date: | | |  | |
| Parents/Guardian: | | | |  | | Phone Numbers: | | | | | | | |
| Mother: |  | | | | | Home: | |  | | | Work: | |  |
| Father: |  | | | | | Home: | |  | | | Work: | |  |
| Doctor’s Name: | |  | | | | | Phone Number: | | |  | | | |
|  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My child | |  | | | has been instructed in the proper use of his/her medications. | | | | |
| He/She will be taking | | |  | | | | |  | |
|  | | | (name of medication) | | | | | (dosage) | |
| at |  | | for |  | |  | until | |  |
|  | (time to be taken) | |  | (reason for taking medication) | |  |  | | (date medication to be stopped) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Parent/Legal Guardian Signature) |  | (Date) |