

Form 316-02

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|  |  | 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: |       |
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| 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) |

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