

BRITTEN SCHOOL
AUGUST 2022- AUGUST 2023

STUDENT PRESCRIPTION MEDICATION INFORMATION DATA

Student's Name: _____ Date of Birth: _____

Please list on this form **every prescription medication taken by your student at home or school** to allow us to provide comprehensive medical emergency treatment. If your child does not need medication, please check the box below.

My student takes **NO** medications at home or during the school day.

<u>Example:</u>
Name of Medication: <u>Adderall</u>
Dosage: <u>10</u> mg/Time Taken: <u>7:00</u> <input type="checkbox"/> AM/ <input type="checkbox"/> PM

1. Name of Medication: _____ Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM
2. Name of Medication: _____ Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM
3. Name of Medication: _____ Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM
4. Name of Medication: _____ Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM
5. Name of Medication: _____ Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM Dosage: _____ mg/Time Taken: _____ AM/PM

* Please note: A new set of forms must be filled out each time a medication change occurs.

Parent/Guardian Signature

Date