

STUDENT: _____ EMERGENCY CONTACT (NAME & PHONE): _____

Name of Medicaton	Dosage	Method	Schedule or Time the Medication is Given
Purpose of Medication			Duration
Special Instructions (i.e. storage, restrictions and important side effects.)			

Name of Medicaton	Dosage	Method	Schedule or Time the Medication is Given
Purpose of Medication			Duration
Special Instructions (i.e. storage, restrictions and important side effects.)			

Name of Medicaton	Dosage	Method	Schedule or Time the Medication is Given
Purpose of Medication			Duration
Special Instructions (i.e. storage, restrictions and important side effects.)			

Name of Medicaton	Dosage	Method	Schedule or Time the Medication is Given
Purpose of Medication			Duration
Special Instructions (i.e. storage, restrictions and important side effects.)			