

**Any doctor prescribed medication needed DURING
Project Graduation should be
turned into the First Aid Nurse when the graduate enters High 5.**

Place medication in its original pharmacy packaging
with this sheet into a PLASTIC BAGGIE.
Medication will be returned when buses load the next morning.

Name of Graduate: _____

Name of Parent / Guardian: _____

Emergency Contact Number: _____

If needed, contact would be made between 11pm Friday, 6/2/17, through 5am Saturday, 6/3/17.

Name of Medication: _____

Dosing instructions
dose and how to administer: _____

when to administer: _____

other instructions: _____
take with or without food? observation period? side effects? etc

We respect your privacy, but is there anything you would like the First Aid Nurse
to know about your graduate as it relates to this particular medication?
