



**Please bring all OTC/prescription medication to the director's office in original prescription bottles or individually clearly labeled containers with the student's name and directions for administration. Fill out this form and place with the medication inside of a ziploc or sandwich bag.**

**The directors will check the medication and determine which may be kept by the student and which ones must be kept by the directors.**

**Student Name:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time Interval:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time Interval:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time Interval:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time Interval:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time Interval:** \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Phone #**