

Paramount Academy 2018-19

School Note for Medication Administration

Date: _____ Student Name: _____

Duration of Treatment: _____

| Drug | Dose | Frequency |
|-------------|-------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Special Instructions:

Doctor's Signature: _____

Doctor's contact number: (____) _____ - _____

Parent or Guardian Signature: _____

Parent/Guardian contact number: (____) _____ - _____