## WEST BEND JT. SCHOOL DISTRICT NO. 1

## **MEDICATION CARD**

To be completed by Parent and Physician (Physician's signature is <u>NOT</u> needed for "over-the-counter" medications: if the dosage of the "over-the-counter" medication differs from the directions on the container, a physician's signature is required.)

Student Name	Bi	rthdate	School	Grade			
Address				Teacher			
Parent Name	H	Iome Phone		Work Phone			
Name of Medication	Ι	Dosage	Time of Administration				
Purpose of Medication							
Date Medication is to Begin (	(and end, if applicable)						
Possible Side Effects							
Any Special Instructions (suc	Iress Teacher   ent Name Home Phone Work Phone   ne of Medication Dosage Time of Administration   pose of Medication Ent Signature Dosage   ent Signature Date   Long-Term Prescription Medication: Tree to be available for direct communication from the person(s) dispensing or administering the medication.   sician's Name (Print) Physician's Signature   ne of Medical Facility Mailing Address						
Parent Signature	Date						
For Long-Term Prescriptio	n Medication:						
		the person(s) disp	ensing or administering th	e medication.			
Physician's Name (Print)	v						
Name of Medical Facility		Mailing A	Address				
Phone	Fax	Date Sig	ned				
Specific conditions or reactio	ons, which I should be con	tacted for are as fol	lows:				
I have instructed	in the prope	r way to use his/her	Inhaler/Epi-Pen. It is my p	professional opinion that he/she			
should be allowed to carry an	d use their Inhaler/Epi-Pe	n by him/herself.					

All medications must be transported to and from school by the parent/guardian and be in the **original** container. Prescription medications <u>must</u> be in a pharmacy bottle with a label including student name, directions, etc.

ONE MEDICATION PER CARD

3/1/17 PS:JML

Full Name and Initials of Person(s) Responsible for Administering Medication.

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DATE/TIME	# OF PILLS	STAFF INITIALS	DATE/TIME	# OF PILLS	STAFF INITIALS	DATE	DROP OFF (DO) OR PICK UP (PU)	# OF PILLS	SIGNATURE OF AUTHORIZED PERSON	STAFF INITIALS