

Prescription Medication Note to Nurse

***Please see Student-Parent Handbook for Policy on Medications**

Child's first and last name: _____ Teacher: _____

My child needs to take the following prescription medication:

at the following time(s): _____

Dosage: _____

If you have questions, please call me at the following phone numbers:

Home: _____ Work: _____

Cell: _____ Other: _____

Parent's or Guardian's signature: _____ Date: _____