

Prairie Farm School District Medication Form

Name:

Grade:

DOB:

Prescription Medication(must have a doctor signature)

| Medication | Route | Dose | Frequency | Start/Stop Date | Diagnosis (Use) |
|------------|-------|------|-----------|-----------------|-----------------|
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| | | | | | |
| | | | | | |

MD Signature and Date:

Parent Signature and Date:

Non-prescription Medication

| Medication | Route | Dose | Frequency | Start/Stop Date | Use of Medication |
|------------|-------|------|-----------|-----------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Parent Signature and Date:
