

**MACNEAL SCHOOL—AUGUST 2011-AUGUST 2012**

**STUDENT PRESCRIPTION MEDICATION INFORMATION  
DATA**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list on this form **every prescription medication taken by your student at home or school** to allow us to provide comprehensive medical emergency treatment. If your child does not need medication, please check the box below.

**My student takes no medications at home or during the school day.**

<b><u>Example:</u></b>	
<b>Name of Medication:</b> Adderrall _____	
<b>Dosage:</b> 10 mg/ <b>Time Taken:</b> 7:00 AM/PM	

<p><b>1. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>	<p><b>6. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>
<p><b>2. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>	<p><b>7. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>
<p><b>3. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>	<p><b>8. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>
<p><b>4. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>	<p><b>9. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>
<p><b>5. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>	<p><b>10. Name of Medication:</b> _____</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p> <p><b>Dosage:</b> _____ mg/<b>Time Taken:</b> _____ AM/PM</p>

**\* Please note: A new set of forms must be filled out each time a medication change occurs.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**