SACS Medication Form - ES

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Student's Name	Age	Student's Name	Age
GradeTeacher		GradeTeacher	
Medication		Medication	
Over the CounterPre	scription- A Physician Form	Over the CounterP	rescription- A Physician Form
is needed for RX Medication giver		is needed for RX Medication giv	
Dose		Dose	
Time to be given		Time to be given	
Give as needed per dire	ctions on package.	Give as needed per di	rections on package.
Reason for medication		Reason for medication	
Parent's Name (print)		Parent's Name (print)	
Signature		Signature	
DatePhone#_		DatePhone#	ŧ
Parent must bring and pick-up m		Parent must bring and pick-up	
be in the original container and m	ust not be expired.	be in the original container and	must not be expired.
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