

EDGEWOOD ACADEMY  
STUDENT MEDICATION INFORMATION

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN AND KEPT IN THE ELEMENTARY OFFICE. MEDICATIONS WILL NOT BE ADMINISTERED WITHOUT FORM. MEDICINE MUST BE IN ORIGINAL BOTTLE.

STUDENT NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

NAME OF MEDICINE \_\_\_\_\_

PRESCRIBING PHYSICIAN \_\_\_\_\_

DOSAGE AMOUNT \_\_\_\_\_

TIME TO BE ADMINISTERED \_\_\_\_\_

DATE TO BE ADMINISTERED \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

*I request that my child's teacher or elementary principal administer the medicine at the indicated time(s) as noted above.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE