

## Prescription Information

Student's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Telephone number: Home - \_\_\_\_\_

Work - \_\_\_\_\_

Cell - \_\_\_\_\_

Prescription: \_\_\_\_\_

Dosage Requirement: \_\_\_\_\_

Prescription: \_\_\_\_\_

Dosage Requirement: \_\_\_\_\_

Prescription: \_\_\_\_\_

Dosage Requirement: \_\_\_\_\_

Prescription: \_\_\_\_\_

Dosage Requirement: \_\_\_\_\_

➔ If medicine is distributed on an as needed basis, please write "as needed".

Allergies: \_\_\_\_\_

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➔ Please write any other instructions deemed appropriate for your student.