MILFORD EXEMPTED VILLAGE SCHOOLS MEDICATION FORM

Student: _____ **Grade:** _____ **Teacher:** _____
Parent(s) Phone: (H) _____ **(W)** _____ **(Other)** _____
Physician: _____ **Phone:** _____
Medication: _____ **Dosage:** _____ **Time(s):** _____
Side Effects: _____
Special Instructions: _____
_____

Given By: _____ **Init:** _____ _____ **Init:** _____
_____ **Init:** _____ _____ **Init:** _____
_____ **Init:** _____ _____ **Init:** _____

Date	Time	Initial	#Left	Date	Time	Initial	#Left	Date	Time	Initial	#Left	Date	Time	Initial	#Left

Comments: _____
_____

Student: _____ **Medication** _____ **Dosage**_____ **Time(s)** _____

Given By: _____ **Init:** _____ _____ **Init:** _____
_____ **Init:** _____ _____ **Init:** _____

Date	Time	Initial	#Left	Date	Time	Initial	#Left	Date	Time	Initial	#Left	Date	Time	Initial	#Left

Comments: _____
_____