



2024-2025

MEDICATION FORM

Dear Parents – we are asking you to complete this form on a voluntary basis to keep your child’s team informed of any medication taken at home which may or may not affect their day in the building.

PLEASE NOTE:

If your child’s medication at home has changed either in medication type or dosage, please do keep us informed and fill out a new medication form.

Student Name: _____

NO, my child does **NOT** take any medication at home.

YES, my child **DOES** take medication at home.

If yes, please list medications taken:
