



2023-2024

**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:

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