

# Nature's Classroom Student Medication Form

**DIRECTIONS for PARENTS TO COMPLETE:**

1. Please complete this form.
2. Place Medication form and medications in ziploc baggie with child's name on outside of baggie.
3. Send Medications with your child to school on the day of the trip.
4. The school will have a chaperone administering medication who will note date and time of administration on this form.

Student Name \_\_\_\_\_

School and Teacher \_\_\_\_\_

*Person Administering Medication:*

*Name*

*Initials*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT!!**

		Date:														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<i>List 1 per section</i> <b>Medication:</b>	<i>Check Appropriately</i> 1x 2x 3x 4x PRN															
	Side Effects/Special Instructions															
<b>Medication:</b>	1x 2x 3x 4x PRN															
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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_