

# Medication Form Checklist

(attach to students medication record)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

**\*\*\* Do not give any medications until all the checklist steps are complete.\*\*\***

- Parent signature
- Physician signature or prescription
- Medication, dose, & time filled out on request form
- Prescription bottle labeled with child's name, medication, dose & time
- Individual student medication form complete and placed with prescription bottle

Date Medication Brought to School in Prescription Bottle	Amount of Pills in Prescription Bottle	Initials