## CHAMLIAN ARMENIAN SCHOOL

## MEDICATION FORM

Student's Name	Grade	
Medication name		_
Reason for taking:		
Instructions for disper	sal:	
Times:	Amount:	<del></del>
(Note: All medications i	must be given to a Chamlian staf	f chaperone who is accompanying
medication, directions the sections of time to be gions of time to be gions only when the section only when the section is appropriate for your charge section.	ven. Over the counter medication hen the dosage and frequency arould.)	se, methods of administration and on must be in their original container re on the label, and is age-
Parent's Name	Parent's Signature_	Date
In Case of Emergency (	Contact Number ( )	-
	Dosage Log	
	(Filled out by Staff	)
Staff Initials	Date of Dose	Time of Dose