

**Selma Middle School
Medication Form**

Medication forms must accompany all medication brought to the school by the parent. Please complete ALL blank spaces below.

Name of Student _____
Drug to be given _____
How many are being brought to the school _____
How is medication to be given _____
Date to start med. _____ Date to stop med. _____
Reason to give medication _____
Dr. prescribing drug if prescription is necessary _____
Parents Signature _____
Date signed _____
Additional notes _____

(Please talk with your student regarding the responsibility of taking medication at school.)

**Selma Middle School
Medication Form**

Medication forms must accompany all medication brought to the school by the parent. Please complete ALL blank spaces below.

Name of Student _____
Drug to be given _____
How many are being brought to the school _____
How is medication to be given _____
Date to start med. _____ Date to stop med. _____
Reason to give medication _____
Dr. prescribing drug if prescription is necessary _____
Parents Signature _____
Date signed _____
Additional notes _____

(Please talk with your student regarding the responsibility of taking medication at school.)

