



## Medicine Instruction Sheet 2009 – 2010

Please list any medications that your child is taking along with detailed instructions on how to administer this medication. **All medication must be in the original bottle with the: child's name, doctor's name, date, name of medication, dosage, directions for administration, and duration of administration.**

All prescription medications must be kept in the residence life office and administered by residence life or school staff only.

Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

### Medications

**1. Medication Name** \_\_\_\_\_

General reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to take the medicine \_\_\_\_\_

Special Instructions (with food, water, etc.) \_\_\_\_\_

**2. Medication Name** \_\_\_\_\_

General reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to take the medicine \_\_\_\_\_

Special Instructions (with food, water, etc.) \_\_\_\_\_

**3. Medication Name** \_\_\_\_\_

General reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to take the medicine \_\_\_\_\_

Special Instructions (with food, water, etc.) \_\_\_\_\_

**4. Medication Name** \_\_\_\_\_

General reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to take the medicine \_\_\_\_\_

Special Instructions (with food, water, etc.) \_\_\_\_\_

**5. Medication Name** \_\_\_\_\_

General reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times to take the medicine \_\_\_\_\_

Special Instructions (with food, water, etc.) \_\_\_\_\_