

# West-Mont Christian Academy

873 South Hanover Street, Pottstown, PA 19465

## Medication Guidelines

School Year 2006-2007

When your child requires medication to be given regularly during school hours, it is very important that this form be filled out and returned to the school office. Please be sure that the medication is in the original container from the pharmacy and is clearly marked with: your child's name, the medication's name, and the proper dosage.

### Medication Administration Request Form

Please give my child the following medication:

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage Required: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

If you need more space for specific instructions please use below (i.e. inhalers, nebulizers, etc.)

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