

WELLSVILLE SECONDARY SCHOOL
Medication Form – Grade 8 Close Up Washington, DC

STUDENT NAME: _____

PARENT NAME: _____

Parent Phone Contact: _____

Medication(s) to be administered:

Medication Name	Dose per day (time/amount)	Notes:

Please provide medication directly to Nurse Holla or Mary Ellen O’Connell. Do not send medication into school with your child. It must be hand delivered by a parent.

- Provide medication in original Rx container with student name, dosing information, etc.
- Only provide the medication necessary for the May 1-4 trip (Keep all extra medication at home)

Office Use Only:

Medication Received by Chaperone: _____(Chaperone Initial)

Medication Returned to Parent (if applicable): _____(Chaperone Initial)