

Student Name: \_\_\_\_\_

## MEDICATIONS

### To be filled out by a Physician

If your student does not take prescription medication, a parent may write “No Medication” and sign the form.

**Standard Medication Distribution Times:**

**Breakfast:** 7:00 AM  
**Dinner:** 5:45 PM  
**Bedtime:** 10:00 PM

**Weekend Medication Distribution:**

**Brunch:** 9:00 – 11:00 AM  
**Dinner:** 5:30 PM  
**Bedtime:** 11:00 PM

*Students requiring medication distributions at time other than above will be required to pick up those medications at the Health Office. Please note: Health Office is open from 7:00 a.m. - 4:00 p.m., Monday - Friday only.*

**Current Medications:** *Include vitamins, supplements, and over-the-counter medications.*

Medication	Strength	Dose	Diagnosis	Times to be given
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM

**Medications to be taken as needed:**

Medication	Strength	Dose	Diagnosis	Frequency

Due to problems encountered in the past, we request prescriptions to be refilled at Star Drugs in Santa Ynez, CA. Phone: 805-688-6898 - FAX: 805-688-6047

The child named above is under my care. It is necessary for him/her to receive the medications listed on this page on a regular/emergency basis.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_