Medications Given at School
Pratt U.S.D. #382

School _____

Medications Given at School

Name of Student _____

Parent/Guardian _____

Physician's Name _____ Phone _____

Medication _____ Prescribed by _____

Dosage _____ Time to be given _____

Duration of Orders _____

_____

Date	Time	Dosage	Administered by (signature)	Comments