MARANATHA CHRISTIAN SCHOOL

# Medication Form

Child's Name_____ Date_____

Type of Medication_____

Dosage_____

When to Administer_____

Additional Instructions_____
_____
_____

Parent Signature_____

Please Check One:

____The above written medication was administered as directed above.

____The above written medication was administered with the following exception (please give details):
_____
_____
_____
_____

Teacher Signature_____

REMINDER: PLEASE NOTIY PARENT IF MEDICATION WAS GIVEN DIFFERENTLY THAN THE INSTRUCTIONS LISTED ABOVE.

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