

## **Medication Addendum**

On the Medical Form, you indicated that the student takes regular medications. This information is important for the school to know and communicate to medical personnel in case of injury or illness. Please note that students may not possess medication at school or during school hours, including over-the-counter, prescription, homeopathic, vitamins and supplements. Unless specific permission is given by the school (typically for asthma inhalers, epinephrine autoinjectors, etc.) these substances must be turned in to the school for safekeeping. Violating this major school rule may result in suspension or expulsion.

Medications taken at school	(including expeditions):	
Medication # of	<u> </u>	
Brand name:	Generic/chemical name:	
Reason for taking:		
Regular Dose:		
Frequency & Dose:		
Trigger(s) for use, if applicable:		
Taken: With food With water	r □ on an empty stomach □ other:	
Common side effects:		
Common side encots.		
Indications or counter indications	s for use (including harmful interactions):	
indications of counter indications for use (including narmal interactions)		
What happens if the student mis-	ses a dose?	
Missad does presedure Dakin	does  take immediately  double dose at next scheduled	
iviissed dose procedure: 🗀 skip (	does Lake inimediately Landouble dose at next scheduled	
dose 🗀 call physician 🗀 other:	·	
Additional information:		
Medication # of		
	•	
Rrand name:	Generic/chemical name:	
Brand name:	Generic/chemical name:	
Reason for taking:	Generic/chemical name:	
Reason for taking:	Generic/chemical name:	
Regular Dose:	Generic/chemical name:	
Reason for taking:  Regular Dose: Frequency & Dose:	Generic/chemical name:	
Reason for taking:  Regular Dose: Frequency & Dose:	Generic/chemical name:	
Reason for taking:	Generic/chemical name:	
Reason for taking:	Generic/chemical name:	
Reason for taking:  Regular Dose:  Frequency & Dose:  Trigger(s) for use, if applicable:  Taken: with food with water  Common side effects:	Generic/chemical name:	
Reason for taking:  Regular Dose:  Frequency & Dose:  Trigger(s) for use, if applicable:  Taken: with food with water  Common side effects:	Generic/chemical name:	
Reason for taking:  Regular Dose:  Frequency & Dose:  Trigger(s) for use, if applicable:  Taken: with food with water  Common side effects:	Generic/chemical name:	
Regular Dose:  Frequency & Dose:  Trigger(s) for use, if applicable:  Taken: with food with water Common side effects:  Indications or counter indications	Generic/chemical name:	
Reason for taking:  Regular Dose:  Frequency & Dose:  Trigger(s) for use, if applicable:  Taken: with food with water  Common side effects:	Generic/chemical name:	
Regular Dose: Frequency & Dose: Trigger(s) for use, if applicable: Taken: with food with water Common side effects: Indications or counter indications What happens if the student miss	Generic/chemical name:	
Regular Dose: Frequency & Dose: Trigger(s) for use, if applicable: Taken: with food with water Common side effects: Indications or counter indications What happens if the student miss Missed dose procedure: skip of	Generic/chemical name:	
Regular Dose: Frequency & Dose: Trigger(s) for use, if applicable: Taken: with food with water Common side effects: Indications or counter indications What happens if the student miss Missed dose procedure: skip of	Generic/chemical name:	
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Regular Dose: Frequency & Dose: Trigger(s) for use, if applicable: Taken: with food with water Common side effects: Indications or counter indications What happens if the student miss Missed dose procedure: skip dose call physician other:	Generic/chemical name:	

Medication # of			
Brand name:Ge	and name:Generic/chemical name:ason for taking:		
ricason for taking.			
Regular Dose:			
Frequency & Dose:			
Trigger(s) for use, if applicable:  Taken:   with food   with water   on an empty stomach   other:			
Indications or counter indications for use (inclu	ding harmf	ul interactions):	
W//			
What happens if the student misses a dose?			
Missed dose procedure: ☐ skip does ☐ take in dose ☐ call physician ☐ other:			
Additional information:			
Additional medications taken at home			
Medication	Dose	Reason	
Additional information:			
Additional information.			
Please duplicate and/or attach additional sh	heets as ne	eded. # sheets attached:	