

## 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.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medications taken at school (including expeditions):

Medication # \_\_\_\_\_ of \_\_\_\_\_

Brand name: _____ Generic/chemical name: _____ Reason for taking: _____ _____ Regular Dose: _____ Frequency & Dose: _____ Trigger(s) for use, if applicable: _____ Taken: <input type="checkbox"/> with food <input type="checkbox"/> with water <input type="checkbox"/> on an empty stomach <input type="checkbox"/> other: _____ Common side effects: _____ _____ Indications or counter indications for use (including harmful interactions): _____ _____ What happens if the student misses a dose? _____ _____ Missed dose procedure: <input type="checkbox"/> skip does <input type="checkbox"/> take immediately <input type="checkbox"/> double dose at next scheduled dose <input type="checkbox"/> call physician <input type="checkbox"/> other: _____ Additional information: _____ _____ _____
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Medication # \_\_\_\_\_ of \_\_\_\_\_

Brand name: _____ Generic/chemical name: _____ Reason for taking: _____ _____ Regular Dose: _____ Frequency & Dose: _____ Trigger(s) for use, if applicable: _____ Taken: <input type="checkbox"/> with food <input type="checkbox"/> with water <input type="checkbox"/> on an empty stomach <input type="checkbox"/> other: _____ Common side effects: _____ _____ Indications or counter indications for use (including harmful interactions): _____ _____ What happens if the student misses a dose? _____ _____ Missed dose procedure: <input type="checkbox"/> skip does <input type="checkbox"/> take immediately <input type="checkbox"/> double dose at next scheduled dose <input type="checkbox"/> call physician <input type="checkbox"/> other: _____ Additional information: _____ _____ _____
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Medication # \_\_\_\_\_ of \_\_\_\_\_

Brand name: _____	Generic/chemical name: _____
Reason for taking: _____	
Regular Dose: _____	
Frequency & Dose: _____	
Trigger(s) for use, if applicable: _____	
Taken: <input type="checkbox"/> with food <input type="checkbox"/> with water <input type="checkbox"/> on an empty stomach <input type="checkbox"/> other: _____	
Common side effects: _____	
Indications or counter indications for use (including harmful interactions): _____	
What happens if the student misses a dose? _____	
Missed dose procedure: <input type="checkbox"/> skip does <input type="checkbox"/> take immediately <input type="checkbox"/> double dose at next scheduled dose <input type="checkbox"/> call physician <input type="checkbox"/> other: _____	
Additional information: _____	
_____	
_____	

**Additional medications taken at home**

Medication	Dose	Reason

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please duplicate and/or attach additional sheets as needed. # sheets attached: \_\_\_\_\_

Parent/guardian: please initial when this addendum is complete: \_\_\_\_\_

