

SUNHOUSE TRAVELING MEDICATIONS FORM

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| STUDENT'S FIRST AND LAST NAME: | STUDENT'S AGE: | PARENT/GUARDIAN NAME: | PARENT/GUARDIAN PHONE NUMBER: |
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| # | MEDICATION & PURPOSE: | DOSE & TIME(S) TO ADMINISTER MEDS: | ADMINISTERED "ROUTINELY" OR "AS NEEDED?" | NOTES: |
|---|-----------------------|------------------------------------|------------------------------------------|--------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

PLEASE CHECK ONE:

MY CHILD WILL DETERMINE WHEN "AS NEEDED" MEDICATION IS ADMINISTERED BY ALERTING THE HEALTH SUPERVISOR. NO PHONE CALL REQUIRED.

IF MY CHILD REQUESTS THEIR "AS NEEDED" MEDICATION I WISH TO BE CONTACTED BY THE HEALTH SUPERVISOR BEFORE MEDICATION IS ADMINISTERED.

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| PARENT/GUARDIAN SIGNATURE: | DATE: |
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