

FLORENCE-CARLTON SCHOOL
5602 OLD HIGHWAY 93
FLORENCE, MONTANA 59833
PHONE: 406-273-6741

MEDICATION FORM

CHILD'S NAME: _____

MEDICATION NAME: _____

REASON MEDICATION BEING GIVEN:

DOSAGE: _____

TIMES TO BE GIVEN AT SCHOOL: _____

DATE TO STOP MEDICATION: _____

DOCTOR'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

IMPORTANT INFORMATION- PLEASE READ

1. ALL MEDICATIONS ARE TO BE KEPT IN THE HEALTH ROOM.
2. THIS FORM MUST BE ON FILE BEFORE THE MEDICATION WILL BE GIVEN TO YOUR CHILD.
3. ALL MEDICATION NEEDS TO COME TO SCHOOL IN A PHARMACY BOTTLE WITH THE NAME OF THE CHILD AND THE DOSAGE AND THE NAME OF THE MEDICATION ON THE LABEL.
4. WHEN THERE IS ANY CHANGE, PLEASE NOTIFY THE NURSE AND FILL OUT A NEW MEDICATION FORM.



If your student has a health issue please go to the school web site or Facebook page to print and fill out the proper forms. Please return the health forms to the front office by the first day of school.

