



# Prescription Medication Information

A Prescription Medication form must be completed and signed for all Prescription medication to be distributed at school. These forms will be available for the new school year during the Meet the Teacher Nights in August and throughout the school year in the front office.

You **MUST** read the Medication Distribution section of your *Handbook* each year. No medication will be distributed by any CCS personnel unless the legal and required procedures are followed by the parent/guardian. These procedures are available in your *Handbook*. Some of the requirements involve your doctor and pharmacy's involvement so read them **PRIOR** to receiving the prescription to ensure you have all that is needed in order for the school to assist you!

I am currently aware of a Prescription Medication that my child will need to take at school, during school hours:

\_\_\_\_\_ NO (If "No" no further action necessary at this time)

\_\_\_\_\_ YES (If "Yes" please fill out the rest of this form!)

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Student Name:	/	-	-	/
Last	First	Student's Date of Birth	Grade for 2009-2010	

Type of Medication: \_\_\_\_\_

\_\_\_\_\_

Reason for the medication (ex: Asthma, allergies, etc.)

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