



MEDICATION DISPENSATION FORM

St. Stephen's Episcopal School, Houston, 1800 Sul Ross Houston, TX 77098

Please use one form for each medication (prescription or over-the-counter).

Student's Name	
Age of Student	
Name of Teacher	
Homeroom Class	
MEDICAL INFORMATION	
Prescribing Physician's Name	
Diagnosis	
Name of Medication	
Length of time student has been taking the Medication	
Possible side effects from the Medication	
DOSAGE AND SCHEDULE	
Dosage	
Medication to be administered	<input type="checkbox"/> As Needed <input type="checkbox"/> On the Dates and Times Below
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Signature of Parent or Guardian _____

Date _____



Medication Dispensation Record

[illegible]