Learning Tree Schools Yearly Medication Form

Child's Nar	me			_ Age	Class				
l,		requ	est that	the staff at	Learning Tree give my child				
					ch day during the year				
Myc	hild has h	een seer	by		and is being treated for				
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Has your child had this medicine before? yesno									
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Were there any side effects? yesno									
			Please	e Check On	e				
	DI	1			time (approximately poop)				
-	Please a	aminister	every a	ay at lunch	time (approximately noon).				
Pl	ease adr	ninister m	edicatio	on as neede	ed for the following symptoms				
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Signature	of Parent	Cuardia	n Only		date				
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The law in Utah does not allow stepparents, grandparents or other relatives to sign this form unless they have legal guardianship. Please see the director if you have any questions.

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