

# Learning Tree Schools Yearly Medication Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

I, \_\_\_\_\_ request that the staff at Learning Tree give my child named above the medication listed below each day during the year \_\_\_\_\_.

My child has been seen by \_\_\_\_\_ and is being treated for \_\_\_\_\_.

Has your child had this medicine before? \_\_\_\_ yes \_\_\_\_ no

Were there any side effects? \_\_\_\_ yes \_\_\_\_ no

Please Check One

\_\_\_\_\_ Please administer every day at lunchtime (approximately noon).

\_\_\_\_\_ Please administer medication as needed for the following symptoms  
\_\_\_\_\_.

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Learning Tree Use Only

Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____
Given at _____	on _____	by _____ / _____	Dosage _____	Errors/Reactions _____

Signature of Parent/Guardian Only \_\_\_\_\_ date \_\_\_\_\_

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.

[illegible]