



The Westview School  
 1900 Kersten Drive  
 Houston, Texas 77043-3125  
 Phone 713-973-1900  
 Fax 713-973-1970

## Student Medication Form

2023-2024

### Student Information:

Student's Name:	Parent/Guardian's Name:
Birthdate:	Emergency Contact Number:
PLEASE LIST ALL ALLERGIES:	

### Daily Medication List:

**Please list all medications your child takes daily, including medications taken only at home. Include over-the-counter and prescription drugs. Attach additional form(s) if needed.**

Medication <small>All medication, including over-the-counter and vitamins, must be in the original package/bottle.</small>	Dosage <small>How much administered?</small>	Schedule <small>What time is it administered?</small>	Possible Reactions <small>Please list any potential reactions that may occur.</small>	OTC <small>Is this a medication that you can buy without a prescription? It must be age appropriate and dosage must be clearly labeled in English if it is to be given at school.</small>	Rx (Prescription) <small>Prescription medication labels must state: patient, physician, medication, dosage, and the frequency if given at school.</small>	SCHOOL DOSE <small>If given at school, what time?</small>
EXAMPLE: Amoxicillin	1 pill = 500 mg	3 times a day – Breakfast/Lunch/ Bedtime	May cause sleepiness		X	LUNCH
EXAMPLE: Vitamin C	1 pill = 250 mcg	AM with breakfast	None	X		N/A

Delivery of medication to The Westview School:

*All medication, including over-the-counter and vitamins, must be in the original package/bottle. Please deliver this form and medication to the school nurse in a sealed, clear plastic bag.*

**DO NOT SEND MEDICATION IN STUDENT'S BOOK BAG OR LUNCHBOX!!!!**

### Parent/Guardian (PLEASE READ AND SIGN BELOW):

I, the undersigned, who is the parent/guardian of the student named above, request the administration to my child of the over-the-counter and/or the prescribed medication in accordance with the instructions as indicated above. **I recognize that if I do not follow all of the steps and complete all of the instructions above, medication cannot and will not be administered.**

I will notify The Westview School immediately if any medical or contact information changes.

Parent/Guardian Signature:	Date:
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