



The Westview School
1900 Kersten Drive
Houston, Texas 77043-3125
Phone 713-973-1900
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Student Medication Form

2020-2021

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 All medication, including over-the-counter and vitamins, must be in the original package/bottle.	Dosage How much administered?	Schedule What time is it administered?	Possible Reactions Please list any potential reactions that may occur.	OTC 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.	Rx (Prescription) Prescription medication labels must state: patient, physician, medication, dosage, and the frequency if given at school.	SCHOOL DOSE If given at school, what time?
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: