



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

## Student Medication Form

2021-2022

### 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<br>All medication,<br>including over-the-<br>counter and vitamins,<br>must be in the original<br>package/bottle. | Dosage<br>How much<br>administered? | Schedule<br>What time is it<br>administered?   | Possible Reactions<br>Please list any<br>potential reactions<br>that may occur. | OTC<br>Is this a medication that you<br>can buy without a<br>prescription? It must be age<br>appropriate and dosage must<br>be clearly labeled in English<br>if it is to be given at school. | Rx (Prescription)<br>Prescription medication<br>labels must state:<br>patient, physician,<br>medication, dosage, and<br>the frequency if given at<br>school. | SCHOOL DOSE<br>If given at school,<br>what time? |
|---|-------------------------------------|--|---|--|--|--|
| EXAMPLE:<br>Amoxicillin   | 1 pill = 500<br>mg                  | 3 times a day –<br>Breakfast/Lunch/<br>Bedtime | May cause<br>sleepiness   |  | X  | LUNCH  |
| EXAMPLE:<br>Vitamin C   | 1 pill = 250<br>mcg                 | AM with<br>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: |
|----------------------------|-------|