

**St. Luke's Day School  
MEDICATION DOSAGE**

Child's Name \_\_\_\_\_ Teacher Name and Classroom # \_\_\_\_\_

Today's Date\*: \_\_\_\_\_ Name of Medicine: \_\_\_\_\_

Dosage Instructions (be very specific): \_\_\_\_\_

Medication Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Med. Expiration Date: \_\_\_\_\_

Parent Name (print clearly): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Best phone # to reach you** \_\_\_\_\_

DATE	TIME	AMOUNT GIVEN	STAFF MEMBER DISPENSING MEDICINE

**KEEP THIS RECORD FOR TWO WEEKS AFTER LAST DOSE, THEN PLACE IN CHILD'S PERMANENT RECORD.** Give the medicine back to the parent after last dose given. Throw the medicine away if the child leaves school or if the medicine is expired. \*date medicine brought to school REV. 12/11