

Colquitt County School Health

SHORT TERM MEDICATION FORM

Recetas de Términos Cortos o Medicinas Sin Receta

(Debe estar en su frasco original. Por favor no envíe medicina sin receta como el Tylenol en frascos grandes.)

Student Name: _____

School: _____

1. Medication _____
 Amount to be given: _____
 Start Date: _____ End Date _____

2. Medication _____
 Amount to be given: _____
 Start Date : _____ End Date _____

	Day 1	Day 2	Day 3	Day 4
Date				
Time				
Initials				
	Day 5	Day 6	Day 7	Day 8
Date				
Time				
Initials				

	Day 1	Day 2	Day 3	Day 4
Date				
Time				
Initials				
	Day 5	Day 6	Day 7	Day 8
Date				
Time				
Initials				

3. Medication _____
 Amount to be given: _____
 Start Date : _____ End Date _____

4. Medication _____
 Amount to be given: _____
 Start Date : _____ End Date _____

	Day 1	Day 2	Day 3	Day 4
Date				
Time				
Initials				
	Day 5	Day 6	Day 7	Day 8
Date				
Time				
Initials				

	Day 1	Day 2	Day 3	Day 4
Date				
Time				
Initials				
	Day 5	Day 6	Day 7	Day 8
Date				
Time				
Initials				

Initials	Nurse's Signature

Permiso Paterno para dar la medicina mencionada.

 Firma

 Fecha