

# GetAway Weekend 2020 - Medication Sheet

**\*Confidential\***

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

Male      Female      Parent Signature \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications
#1 Med Name: Strength: Dosage: Reason given:
#2 Med Name: Strength: Dosage: Reason given:
#3 Med Name: Strength: Dosage: Reason given:
#4 Med Name: Strength: Dosage: Reason given:

Office Use Only

	FRI	SAT	SUN
BRK			
LCH			
DNR			
BED			
BRK			
LCH			
DNR			
BED			
BRK			
LCH			
DNR			
BED			

**Special Note:**

- 1) All prescription medications MUST be in their original bottles with the original label.
- 2) Bottle label must be accurate as to the actual dosage and strength that the child takes.
- 3) Please note times meds are to be issued. Choices are: Morning, Lunch, Dinner, before bed or as needed.
- 4) Med Team dispense medications
- 5) Please only write in the "Medication" section. Do NOT write in the gray shaded area.
- 6) Your child is responsible for finding the medical team to get their meds.