

HAMMITT JUNIOR-SENIOR SCHOOL
1500 Fort Jesse Road, Suite A
Normal, IL 61761
Phone: 309-452-1790 Fax 309-452-1832

MEDICATION CHANGE INFORMATION

Student _____

At home, the student is taking the following medications:

- | | | | |
|----|-----------------|-------|-------------|
| 1. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 2. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 3. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 4. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 5. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 6. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 7. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |

**At school, the student will take the following medications:
(This section must be completed.)**

- | | | | |
|----|-----------------|-------|-------------|
| 1. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 2. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |
| 3. | _____ | _____ | _____ |
| | Medication Name | Dose | Times Given |

Allergies _____
If school medications have changed in type, dose or time administered, new parent and physician consents are required.

Parent/Guardian Signature

Date