

Shelton School Medication Form (Field Trips)

Today's Date _____

Student's Name _____ Advisor _____ Grade _____

- **All Prescription Medicine Must be in the labeled bottle from the pharmacy**
- **All Over the Counter Medicine Must Be in the Original Package**

Medication Name	Dose	Time Administered	# Sent

Special Instructions:

Parent Signature _____

Phone Number _____

E-Mail _____

Count Confirmed By
Nurse _____

All student information is kept strictly confidential.