



**Los Alamos Public Schools**  
 "We prepare confident, life-long learners."

**Administration of Medication at School  
 Medication Receipt Form**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student \_\_\_\_\_ ID Number \_\_\_\_\_  
 Last First MI

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

Grade: \_\_\_\_\_ Home Room /Teacher \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
 Last First Relationship

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

The following medication(s) were received in the indicated amount(s):

<b>Medication</b>	<b>Quantity</b>

\_\_\_\_\_  
 Signature, Custodial Parent/Guardian Date

\_\_\_\_\_  
 Signature, School Nurse Date Received