



2009-2010 SALEM ACADEMY

**PRESCRIPTON MEDICATION REGISTRATION FORM**

Any prescription medications must be registered with the Dean of Students and will be dispensed by her as necessary. No student may self-medicate a control substance prescription medication.

**Student's Name** \_\_\_\_\_  
Last First Middle

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Sec. #** \_\_\_\_\_  
Month Day Year

1. Any prescription medications taken on a regular basis:

<b><u>NAME OF MEDICATION</u></b>	<b><u>DOSAGE INSTRUCTIONS</u></b>
Example: Penicillin 250 mg.	4 times a day
_____	_____
_____	_____
_____	_____
_____	_____

2. Any non-prescription medications in my daughter's possession to be taken as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Any drug allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Any special conditions or notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_