



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:

<u>NAME OF MEDICATION</u>	<u>DOSAGE INSTRUCTIONS</u>
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** _____