



PRESCRIPTION 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 controlled substance prescription medication.

Student Name (print) _____

Date of Birth ____/____/____ **Social Security Number** _____
Month Day Year

Any prescription medications taken on a regular basis:

NAME OF MEDICATION	DOSAGE INSTRUCTIONS
Example: Penicillin 250 mg.	4 times a day
_____	_____
_____	_____
_____	_____
_____	_____

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

Any drug allergies:

Any special conditions or notes:

Parent/Guardian Signature: _____

Date: _____