RX ALERT

To:_____

Regarding:_____DOB_____ID#_____
Students Name

This student must receive medication in accordance with school district policy, parent consent, and/or physician instructions. Please advise substitutes and other school personnel involved with the student.

❑ Send student to the office daily at:_____

This is in effect until:_____
Date

❑ This medication must be taken on all field trips.

Notify school nurse, school heath assistant or the building secretary at least 3 days prior to any field trip.

If you are not trained to assist with medication administration at school, contact me or the building principal.

_____ _____
Signature Date