



Please have this form completed and place in large ziplock bag along with medication and bring to check-in at Fair Haven.

Medication Form

Student Name _____

Parent Name _____ **Cell#** _____

Time of day medication taken:

Medication & Dosage	AM (breakfast)	Noon	PM (dinner)	Bedtime

Allergies (i.e. bee stings, peanuts, seasonal)

Parent Signature: _____

*Medication **MUST** be in their original containers
**Over the counter medication may be kept in child's possession with parental consent