



**The Granite Hill School**  
 PO Box 25 Newport, New Hampshire 03773

## Student Medication Information Sheet

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list below all prescribed medications your child is taking:

<i>Medication Name</i>	<i>Reason</i>	<i>Dosage</i>	<i>Time Administered</i>	<i>PRN(As Needed)</i>	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate below if your child can take the following medications at school:

- Advil  Yes  No
- Tylenol  Yes  No
- Benadryl  Yes  No

Granite Hill School's Policy on medication administration:

Granite Hill School recognizes that some students will need to take medication while at school. This may be occasional over the counter medication, or a daily prescribed medication. In the case of over the counter medicine, you must bring a note from a parent/guardian along with the medication in its own container, and deliver it to the Behavioral Specialist. The medicine will then be placed in a locked cabinet.

If you are taking a prescribed medicine daily, you parent is responsible for obtaining a note from the prescribing doctor. The note, along with the medicine, in the original container, must be delivered to the Behavioral Specialist.

Any student who has medicine in his/her possession without following this procedure will be subject to immediate disciplinary action, up to and including termination from the Granite Hill School.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

