Balboa Park Program
Medication Form

School: _____ Participation Date: _____

Phone: _____

Please list below all medications being sent to the program. Place all medications inside a large envelope and attach this list. Send with the teacher on the first day or participation.

Inhalers should contain enough doses for the week**.**

Daily medication: Send only enough medication for the week. Divide the doses into individual envelopes, ONE DOSE per envelope. Label appropriately with:

- Student name
- School name
- Medication Name
- Dose
- Time medication is to be taken

Student Name	Medication	Check if sent	Check if returned

Return to Program