Old Town Program Medication Form

SCHOOL ______________________________ PHONE __________________

- Please list below all medications being sent to the Old Town Program.
  - **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**
      - **Medication Name**
      - **Dose**
      - **Time Medication is to be taken**
      - **School Name**
- Place all medications INSIDE A LARGE ENVELOPE and ATTACH THIS LIST.
- Send Medication Envelope with one of your school's teachers on the first day.

STUDENT NAME	MEDICATION	CHECK IF SENT	RETURNED