

Diocese of Fargo: Medicine Form

Student's Name: _____ Date (s) of event: _____

Medication 1

Name of Medication: _____

When dispensing, how much is given to the student at one time: _____

What time(s) of day: _____

Are there side effects that we should be aware due to the medication: _____

Medication 2

Name of Medication: _____

When dispensing, how much is given to the student at one time: _____

What time(s) of day: _____

Are there side effects that we should be aware due to the medication: _____

Medication 3

Name of Medication: _____

When dispensing, how much is given to the student at one time: _____

What time(s) of day: _____

Are there side effects that we should be aware due to the medication: _____

