



SCHAUMBURG CHRISTIAN SCHOOL

Medication Disbursement Form

2011-2012

200 North Roselle Road
Schaumburg, IL 60194
Phone: 847-885-3230
Fax: 847-885-3354
www.schaumburgchristian.com

Today's Date: _____

Medication Must Be In Original Container

Student's Name:

Grade:

Age:

Weight:

Student's Teacher:

Illness / Condition:

Time(s) of Day To Be Given:

Specific Instructions (i.e. give with food, water, etc.):

Number of Dosages You Are Providing to School:

Number of Days the School is to Disburse the Medication:

This Medication will: _____ Go Home Nightly _____ Remain at School for Duration

Parent/Guardian Name (Please Print Clearly)

Parent/Guardian Signature:

*** Parents Are Responsible for Dropping Off and Picking Up Medications ***