

### MEDICATION PROFILE: Annual Summary

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Year: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_,

I am requesting that you complete the following “Medication Profile: Annual Summary” to allow health staff to better understand your child’s health needs at school. Please include **ALL the medications\*\* that your child receives (at home and school):**

1. Please write all medications that your child receives (at home and school). Include dose, time, reason.
2. **All medications given in school (including over the counter), must have a “Request for Administration of Medications” form completed.**

Date	name of medication	dose	Time/s	reason	Health Office Use	