

Maple Bear Academy  
Medication Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Instructions for storage: (i.e. fridge) \_\_\_\_\_

Side Effects: \_\_\_\_\_

Time

Amount

Parent's Signature Staff Signature

Additional Comments: \_\_\_\_\_

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Medication Finished? \_\_\_\_\_ Date returned to parents \_\_\_\_\_

Staff \_\_\_\_\_ Parent's Signature

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