

GEORGIA ACADEMY FOR THE BLIND
HEALTH SERVICES
2895 VINEVILLE AVENUE
MACON, GA 31204-2899
PHONE 478-751-6082 FAX 478-751-6139

SCHOOL YEAR _____

MEDICATION RECORD

CHILD'S NAME: _____ D.O.B _____

1. Medication: _____

Directions: _____

2. Medication: _____

Directions: _____

3. Medication: _____

Directions: _____

4. Medication: _____

Directions: _____

5. Medication: _____

Directions: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

NURSE SIGNATURE: _____ DATE: _____

PLEASE ATTACH EITHER A COPY OF THE PHYSICIANS ORDER OR A COPY OF THE PRESCRIPTION.

Explanation and Treatment

___ Kidney problems _____

___ Headaches _____

___ Seizure disorder _____

___ Orthopedic problems _____

___ Reflux disorders/vomiting _____

___ Behavior/ mood disorders _____

___ Skin problems _____

___ Diabetes What Type? _____

___ Blood disorder (i.e. sickle cell, HIV, etc.) _____

___ Thyroid _____

___ Shunt _____ Location? _____
