

**WMU School
Year 2021-2022
Medications at home**

Date _____

Student Name _____ grade _____ is currently taking

1. _____, _____, _____ at home.
(medication) (dosage) (time)

2. _____, _____, _____ at home.
(medication) (dosage) (time)

3. _____, _____, _____ at home.
(medication) (dosage) (time)

My current doctor is: _____

Purpose of medication(s) (Please list any other medications taken at home here)

Please return to Elementary office as soon as possible!