# Prescription Medication Information

Participant Name: Date: 

\*If your child requires a prescribed and/or specific over the counter medication to be given while attending ESY, please furnish the nurse / health center with a supply that will last for the entire ESY program. Kansas state law requires that the medication be brought to school in the original container appropriately labeled by the pharmacy with the name of the medicine, correct dosage and times to be given. Pharmacist will issue extra labeled packaging for this purpose.

Please list all medications participant will be taking during ESY program summer 2022

| **Name of Medication** | **Dosage** | **Time Participant Takes** | **Comments**  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Health Insurance Information

Name Of Company: 

Name Of Policy Holder: 

Group #: 

Individual #: 

Medical Card (SRS)# If applicable: 

Please share any other medical information you would like the KSSB ESY staff or nurse to know: