



Kansas State School for the Blind

Extended School Year 2022

FORM C

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: