IDYLLWILD ARTS

Student full name _____

Student date of birth _____

# SUPPLEMENT/ OTC MEDICATION ORDER FORM

Please *do not* send any medication to campus that is written in a foreign language unless it is accompanied by an order that translates the medication into English and has instructions for administration. Idyllwild Arts Health Center is not allowed to administer medications for which we cannot translate the name or instructions. Please do not send over the counter medications like Tylenol, Ibuprofen (Motrin), Benadryl, Pamprin, etc. as these are available in the Health Center.

| Medication | Dosage | Frequency | Reason for taking medication: |
|---|---|---|---|
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| | |
|---|---|
| Allergies: | |

| | |
|---|---|
| Specific directions or information for administration: | |
| Any other medical conditions/ information: | |

Signature of Parent/ Guardian _____ Date: _____