

Brewster Academy Summer Session
80 Academy Drive, Wolfeboro, NH 03894
(603) 569-7155 FAX (603) 569-7050

Medication Information

To be completed by physician if student uses any kind of medication routinely.

Student Name: _____

DOB: _____ Medication Allergies: _____

Medication: _____ dose: _____ frequency: _____ route: _____

Reason for medication: _____

How long has the student been on this med? _____ Expiration date of Rx: _____

Please check one: Med should be taken at scheduled frequency only for class and study time.
 Med should be taken at scheduled frequency every day including non-class days.

Medication: _____ dose: _____ frequency: _____ route: _____

Reason for medication: _____

How long has the student been on this med? _____ Expiration date of Rx: _____

Please check one: Med should be taken at scheduled frequency only for class and study time.
 Med should be taken at scheduled frequency every day including non-class days.

Medication: _____ dose: _____ frequency: _____ route: _____

Reason for medication: _____

How long has the student been on this med? _____ Expiration date of Rx: _____

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Medication: _____ dose: _____ frequency: _____ route: _____

Reason for medication: _____

How long has the student been on this med? _____ Expiration date of Rx: _____

Please check one: Med should be taken at scheduled frequency only for class and study time.
 Med should be taken at scheduled frequency every day including non-class days.

Physician's Name Printed: _____

Phone: _____ Fax: _____

Address: _____

Physician's Signature: _____ Date: _____