

OAK HILL SCHOOL

Professionals Involved with Student Medications

Please Print

39 Charlton Road

Scotia, NY 12302

518-399-5048 ext. 10 FAX 518-399-6140

Student Name _____

Date _____

Doctor:

Physician's Name

Phone

Address

Counseling & Mental Health Services: Please attach additional pages as necessary
(Please include any psychiatrists, counselors, case managers, etc.)

Name

Phone

Address

Name

Phone

Address

Name

Phone

Address

Medications:

Is child presently receiving medications? Yes _____ No _____

Medications taken at home:

Name

Dose

Frequency

Name

Dose

Frequency

Name

Dose

Frequency