



Medication Verification Form

*Please complete this form when providing medications to Academy at the Lakes. Medication amounts will be counted by parent and verified by AATL staff. *

PRESCRIPTION **OVER THE COUNTER** (not provided by AATL)

Student Name

Medication: _____ Dosage: _____

Reason: _____

Administration time(s): _____

Amount provided to Academy at the Lakes: _____

Parent Signature: _____ Date: _____

Amount counted by AATL staff member

_____ Signature: _____ Date: _____

All prescription medication must be in their prescription bottle and will be counted and signed by AATL staff member. Parent will be notified of any discrepancies. All non-prescription/over the counter (OTC) meds should be in original container and labeled with student's name.



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