

TREVILIANS ELEMENTARY SCHOOL
2035 S. SPOTSWOOD TRAIL
LOUISA, VA 23093-9229
TELEPHONE NUMBER (540)967-1108
FAX NUMBER (540)967-3695

We must have a written clearance from the student's physician in order to give long term medication at school. Please have your physician fill out the following information.

1. Name of student _____
2. Name of medication _____
3. Date to give _____
4. Dose and time to give _____
5. Can a reaction be expected? _____ If so, describe

Date

Physician's signature