Watertown-Mayer Public Schools • ISD #111
Kids' Company & Caring Hands Child Care

Medical Care Information

_____ _____ _____ ____ / ____ / ____
Student's Name **Grade** **Age** **Date of Birth**

Medical Concern	
Triggers	
Avoidance Techniques:	
Symptoms:	
Procedures for Responding:	

All Prescription medications require a **parent/guardian signature AND physician's signature and Medication Authorization Form**

Medication	Dosage	Possible Side Effects

Other Considerations/Directions:

_____

_____

Physician Information:

Doctor:: _____ Clinic: _____

Phone#: _____ Fax#:_____

_____ _____
Parent/Guardian Signature Date