Bus Monitor Medication Form
Hall County Schools

Date: _____ Bus # Assigned To: _____

Name: _____ SSN: _____

Please list below:

- The medications you take
- The dosage of the medication
- How often you take the medication
- Check if it is by prescription or over-the-counter

Medication	Dosage	How Often	Prescribed Yes / No	Over-the-Counter Yes / No

Revised 8/2023