

**Bus 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____