



BELMONT ACADEMY

Prescription and/or Non-Prescription (OTC- over the counter) Medications

Date: _____

RE: _____
(Name of Student)

DOB: _____

_____ has been

prescribed _____
(Name of Medication)

To be given according to the following instructions: _____

If you have any questions, please call our office at: _____

Sincerely,

(Name of Healthcare Provider)