

**THE CLEAR VIEW SCHOOL DAY TREATMENT CENTER  
BRIARCLIFF MANOR, NEW YORK 10510**

**2016 - 2017**

**IF YOUR CHILD TAKES ANY MEDICATION**  
**OUTSIDE OF SCHOOL HOURS**

If your child takes any medication before or after regular school hours, please list the medications, dose and time below.

**Child's Name:** \_\_\_\_\_

Medication (s) \_\_\_\_\_ dose \_\_\_\_\_ time \_\_\_\_\_

Medication (s) \_\_\_\_\_ dose \_\_\_\_\_ time \_\_\_\_\_

Medication (s) \_\_\_\_\_ dose \_\_\_\_\_ time \_\_\_\_\_

Medication (s) \_\_\_\_\_ dose \_\_\_\_\_ time \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**