

**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