

**WEST GLACIER ELEMENTARY**  
**SCHOOL DISTRICT NO. 8**



P.O. Box 309  
160 Old River Bridge Rd  
West Glacier, MT 59936

Phone: 406 888 5312  
Fax: 406 888 5141

If your child needs to take medicine (including over-the-counter) during school hours, you should bring the medicine (in its original container) to the school and fill out a form.

The form allows us to legally distribute the medicine, tells us what the medicine is, what time to give it, what to watch for if any side effects should be possible, the prescribing physician's name and telephone number, and the pharmacy's name and telephone number.

This is a required policy of School District 8. If you have any questions please call the school. Thank you for your consideration in this matter.

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

Name of Medicine \_\_\_\_\_

Side effects: \_\_\_\_\_

Give medicine at: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_ Dosage: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Pharmacy's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Authorization: \_\_\_\_\_ Date: \_\_\_\_\_