

Health Plan Behavior Medications

Student's Name: _____ D.O.B. _____

This student receives medication at school for behavior.

Student will be observed for changes in behavior by nurse or school staff. The parent/guardian will be notified of any changes.

- **Observe for side effects: increased restlessness, dry mouth, nervousness, and any other side effects related to specific medication. See RX label.**

Medication/Dose/Route: _____

Time to be given: _____

Nurse: _____

Date: _____