Stafford County Public Schools
Health Services – Medical Administration Form

I, _____ (Parent/Guardian) have given the amount of medication noted below to
_____ (CFHS-TSA Advisor) on ____ / ____ / _____ for _____.

Medication Type	Amount (Number of Pills or Liquid Amount)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Date	Medication Type	Dose	Student Signature	Advisor Signature

I, _____ (CFHS-TSA Advisor) have returned the amount of medication noted below to
_____ (Parent/Guardian) on ____ / ____ / _____ for _____.

Medication Type	Amount (Number of Pills or Liquid Amount)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	