

Medication Form Letter

Directions to Physician's office: Please copy the body of this letter into a document and print on your office letter head. Enter the patient's information and complete the table with medication name, condition for which the medication is prescribed, and administration directions. The table can be adjusted in size as needed. Please have the student traveler's physician sign before returning. Thank you for your assistance.

Date:

Regarding Patient:

DOB:

To Whom It May Concern:

_____ is a patient followed by me in my practice. She/he/they have been prescribed the following medications and must carry them while participating on the Wellington School WISE international travel program. All prescribed medications will be in the original container labeled with patient's name and administration instructions. The patient is capable of self-administration of the medications.

Medication Name	Medication Reason	Medication Instructions

Thank you for your assistance in this matter.

Sincerely,

Physician's Printed Name: