

**Medication Form/Physician's Order (To be Completed by the Physician/Authorized Health Care Provider)**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Order: \_\_\_\_\_ Order Expires End of School Year or (date): \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Order valid for current year/Summer (Check if appropriate):   
 DOB: \_\_\_\_\_ Gender: M F Allergies: \_\_\_\_\_  
 Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time to Give Medication: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_ Frequency of Medication (IF PRN): \_\_\_\_\_  
 Possible Side Effects: \_\_\_\_\_  
 Student may carry and self-administer emergency medication:  Yes  No

<b>Parent/Guardian Name:</b>	<b>Physician Name:</b>	<b>Phone:</b>
<b>Phone:</b>	<b>Address:</b>	
<b>PARENT SIGNATURE:</b>	<b>PRESCRIBER SIGNATURE:</b>	

**Medication Administration Record (For School/Camp Use Only)**

**Nurse Reviewed:** \_\_\_\_\_ **Dates Reviewed:** \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Name/Position	Initials	Name/Position	Initials
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ RN Signature \_\_\_\_\_ Date

**CODES: Chart reason (See H.S. Manual)**

X: School Closed	FT: Field Trip
A: Absent	R: Refused
N: None Available	O: Omitted
NS: No Show to HR	H: Dose Held
D/C: Med. Discontinued	
L/E: Late Arrival/Early Dismissal	

Medication Administered (This side for school use only)

Student Name:

Date	Time	Student Complaint	RN Consulted ✓	Medication Administered as ordered ✓	Student Outcome	Staff Initials	Parent Notified ✓

Comments:

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