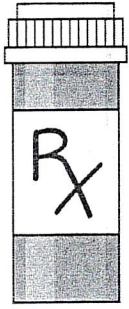


2024-2025



Authorization To Administer Medication

Student's Name _____ Date of Birth _____ Grade in 2023-2024 _____

Name of Medication _____ Dose _____ Time/Frequency _____

Why does your child need this medication? _____

Are there any side effects? _____

How long will your child need to take this medication? _____

Physician's Name _____ Physician's Phone Number _____

Asthma Inhaler YES / NO (Please circle one) Name of Asthma Inhaler _____

Self-medicate / Keep In The School Office (Please circle one)

Parent/Guardian Signature _____

Parent/Guardian Phone Number _____

Today's Date _____

A student who is required to take prescription or over-the-counter medications during school hours MUST have written permission from their parent/guardian.

Medication must be in its original container and all medications must be kept in the school's main office. If your child is receiving prescription medications at home and at school, ask the pharmacist for an additional container.

SCHOOL MEDICATION ADMINISTRATION RECORD

Student: _____ DOB: _____ Grade: _____ School: _____ Year: _____

Teacher Name/Phone _____ School Nurse Name/Phone: _____

Medication: _____ Diagnosis: _____ Dose: _____ Time: _____ Route: _____

Orders Rcvd: _____ ☐ Daily Med ☐ PRN Med ☐ Inhaler Physician Name/Phone: _____

	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
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
March																															
April																															
May																															
June																															
July																															

Name

Initials

Date

Legend

A Absent

B Begin Med

C Dose Change

D Discontinued

E Early Dismissal

F Field Trip

H Holiday

M Missed Dose

N None Available

R Refill Needed

S Snow Day

W Withheld Med

X No School

Six Rights of Safe Medication Administration

Right Patient

Right Medication

Right Route

Right Time

Right Dosage

Right Documentation