

**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

**Parent/Guardian Name:** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **PRESCRIBER SIGNATURE:** \_\_\_\_\_

**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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**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	

**RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

