

School Year: 2022-23

School: \_\_\_\_\_

### MEDICATION RECORD

Prescription     Non-prescription

Order good for up to end of one school year.

\*\*\*Medication Expiration Date: \_\_\_\_\_\*\*\*

**PHYSICIAN AUTHORIZATION** *(To be completed by the Physician)*    **Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage/Route \_\_\_\_\_ Time: \_\_\_\_\_ or for PRN, every \_\_\_\_\_ hours.

Reason medication is prescribed: \_\_\_\_\_ Start date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Significant information/Instructions/Contraindications: \_\_\_\_\_

**Licensed Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

#### DAILY MEDICATION LOG

	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																															
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Initials    Name                      Initials    Name                      Initials    Name

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Initials    Name                      Initials    Name                      Initials    Name

School Nurse: \_\_\_\_\_ Review Date: \_\_\_\_\_

Acceptable Codes: AB=absent T=Tardy SD=School Delay  
 ED=Early Dismissal NS=No School FT=Field Trip  
 NMS=No medication at school DC=Discontinue medication

Variance Codes: VO=Omitted Dose VW=Wrong Child  
 VD=Wrong dose/amount VM=Wrong medication  
 VT=Wrong Time VR=Wrong Route VS=Student Refused

