

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

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

**MEDICATION RECORD**

Prescription     Non-prescription

School Staff notify SN of new med? \_\_\_\_\_

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

**PHYSICIAN AUTHORIZATION** (To be completed by the Physician)

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Generic OK? \_\_\_\_\_ Dosage/Route \_\_\_\_\_ Time: \_\_\_\_\_ or 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.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
June																															

\_\_\_\_\_  
Initials Name                      Initials Name                      Initials Name

\_\_\_\_\_  
Initials Name                      Initials Name                      Initials Name

School Nurse: \_\_\_\_\_ Review date \_\_\_\_\_

**Acceptable Codes:** **AB**=absent **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

