

Litchfield Elementary School District #79
Administrative Guidelines

Request for Giving Medication at School

School: _____

Student Name: _____ Grade: _____ Teacher: _____

Medication Name: _____

Amount to give: _____ Dosage: _____

Time to be given: _____ AM _____ PM _____

Date: From _____ To _____

Doctor's Name: _____ Doctor's Phone #: _____

Diagnosis/Reason for Giving Medication: _____

When the school nurse is not available to give this medication, I hereby authorize the School Principal or designated party to be my agent to give the above named medication to my child.

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in disciplinary action.

Please pick up your child's medication no later than the last day of the school year. ANY MEDICATIONS that are not picked up at the end of the school year WILL BE DISCARDED.

Parent/Guardian Initials: _____

Emergency Phone Numbers:

Parent/Guardian Name: _____ Home #: _____

Cellular/Mobile #: _____ Work #: _____

Parent/Guardian Name: _____ Home #: _____

Cellular/Mobile #: _____ Work #: _____

Parent/Guardian Signature

Date

Print Name

ATTACH PHOTO

DAILY MEDICATION ADMINISTRATION FOR SCHOOL YEAR

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| STUDENT | TEACHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Medication/Dose/Time | Month | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medication/Dose/Time | Month | 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 | |
|----------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | Nov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medication/Dose/Time | Month | 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 | |
|----------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | Feb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medication/Dose/Time | Month | 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 | |
|----------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CODES | SIGNATURE & INITIAL of those AUTHORIZED TO ADMINISTER MEDICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Medication given Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Absent A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Show NS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Late L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Trip FT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Out MO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| MEDICATION DATE/NAME/AMOUNT BROUGHT IN | | | |
|--|--------------------|--------|------|
| DATE | NAME OF MEDICATION | AMOUNT | DATE |
| | | | |
| | | | |
| | | | |

| MEDICATION NAME | DATE DISCARDED | HOW DISCARDED | TWO SIGNATURES |
|-----------------|----------------|---------------|----------------|
| | | | |
| | | | |