York County School Division
yorkcountyschools.org

Medication Card

Student's Name:	Date of Birth:	School:	Teacher: Room No. Grade:
Name of Medication:	Dose/Route:	Special Instruction:	
Time: _____ Daily □ _____ PRN □			

	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
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
June																															

Codes: **A: Absent** **FT: Field Trip** **R: Refused** **ED: Early Dismissal** **N: None Available** **X: Weekend/Holiday**

Name/Position	Initials	Name/Position	Initials	Name/Position	Initials
				ELECTRONIC DOCUMENTATION □	

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Administration of Medication Form

We attempt to discourage the administration of medication during school hours; and we request whenever possible, that medication be administered at home. We realize that this is not always possible; and will cooperate in the administering of medication when necessary.

I give permission for _____ to receive the medication prescribed by _____ OTC □
Student's Name Physician's Name

Name of Medication:	Date/s to be given: _____ Current School Year □ ____--____	Time to be given: _____ Lunchtime □	Dosage:
Reason for Medication:			

The medication should be in an appropriate container; labeled with the student's name, name of medication, amount and time to be given, and duration. Over the counter medication should be in an unopened container. PLEASE DO NOT SEND MEDICATION IN BAGGIES, KLEENEX, OR ALUMINUM FOIL.

_____ _____ _____ _____
Parent/Guardian Signature Date Home Phone Number Work Phone Number

Print Name: _____ _____
Cell Phone Number

I request that the appropriate dose(s) of the above medication be sent on field trips to be given by my child's teacher or designated adult. Over the Counter Medication is not included.

_____ _____
Parent/Guardian Signature Date