

# YORK COUNTY SCHOOL DIVISION

## ADMINISTRATION OF MEDICATION FORM

We attempt to discourage the administration of medication during school hours; and, 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.

### PERMISSION TO ADMINISTER MEDICATION

I give permission for \_\_\_\_\_ to receive the medication prescribed by \_\_\_\_\_

Student Name

Physician's Name

Name of Medication \_\_\_\_\_ Date/s to be given \_\_\_\_\_

Time to be given \_\_\_\_\_ 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. PLEASE DO NOT SEND MEDICATION IN BAGGIES, KLEENEX, OR ALUMINUM FOIL.

Parent/Guardian Signature \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Date \_\_\_\_\_

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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# York County School Division Medication Card

Teacher \_\_\_\_\_  
Room No. \_\_\_\_\_ Grade \_\_\_\_\_

Time \_\_\_\_\_  
Daily \_\_\_\_\_ PRN \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Dose/Route \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

	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																															

Name/Position \_\_\_\_\_ Initials \_\_\_\_\_ Name/Position \_\_\_\_\_ Initials \_\_\_\_\_  
 Name/Position \_\_\_\_\_ Initials \_\_\_\_\_ Name/Position \_\_\_\_\_ Initials \_\_\_\_\_

**CODES**

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