yorkcountyschools.org

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 this is not always possible; and will cooperate in administration of medication when it is necessary.

_____ Student's Name	Has permission to receive the medication prescribed by	_____ OTC □ Physician's Name
Name of Medication: Administer on Early Release Days □	Dates to be Given: Current School Year □ _____-_____	
Reason for Medication:	Time to be given: Lunchtime □	Dosage:

_____ _____ _____
Physician's Authorization Signature or Stamp Phone Date

The medication should be in the pharmacy container; **with the RX Label** including the name of the student, medication, amount and time to be given, and duration. Over the counter medication should be in an unopened container. Medication can only be transported by a responsible adult. DO NOT SEND MEDICATION WITH YOUR STUDENT. Any Medication, even over the counter medication not brought in by an adult, without proper completed paperwork and containment cannot and will not be administered by school personnel.

_____ _____ _____ _____
Parent/Guardian Printed Name Cell Phone Home Phone Work Phone

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.*
I understand leftover medication will need to be retrieved at the end of the school year or it will be destroyed □

_____ _____
Parent/Guardian Authorization Signature Date

I have picked up any unused, remaining medication

_____ _____
Parent/Guardian Signature Date

Medication Card

ELECTRONIC DOCUMENTATION ☐

Student Name:	Grade:
Medication:	Dose/Route:

Time: _____ Lunchtime ☐ Daily ☐ PRN ☐ Administer on Early Release days ☐

Special Instructions:

Date	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
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Codes: A: Absent **FT**: Field Trip **R**: Refused **ED**: Early Dismissal **N**: None Available **X**: Weekend/Holiday

Name/Position:	Initials:	Name/Position:	Initials:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____