

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

Prescription  Non-prescription

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

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

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

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time: \_\_\_\_\_ or for PRN, every \_\_\_\_\_ hours. Route (circle) PO INJ TOP INH

Reason medication is prescribed: \_\_\_\_\_ Start date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ (not past end of school yr)

Significant information/Instructions/Contraindications: \_\_\_\_\_

Has student been instructed in use of medication and demonstrated necessary skill level at your office? \_\_\_\_\_ Yes \_\_\_\_\_ No

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
Jul																															
Aug																															
Sep																															
Oct.																															
Nov																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
Jun																															

\_\_\_\_\_  
Initial Name

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

\_\_\_\_\_  
Initial Name

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

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Initials Date

Acceptable Codes : AB=Absent SD=School Delay  
 ED=Early Dismissal NS-No School FT=Field Trip  
 NMS=No Medication At School R=Refused Medication  
 O=Omitted or unable to locate student  
  
 Route Codes: PO=by mouth INJ=Injection  
 TOP=Applied to top of skin INH=Inhaled REC=Rectal

PHOTO  
HERE

