

School Year: _____

MEDICATION RECORD
NEW Summer ORDER

MUST have parent complete authorization and attach

Summer Dates: _____

School: _____ Prescription Non-prescription

Medication Expiration Date: _____

PHYSICIAN AUTHORIZATION (To be completed by the Physician) Student: _____ DOB: _____

Name of Medication: _____ Dosage/Route _____ Time: _____ or for PRN, every _____ hours.

Reason medication is prescribed: _____ Start date: _____ Stop Date: _____

Significant information/Instructions/Contraindications: _____

*Licensed Health Care Provider Signature: _____ Date: _____ Phone: _____ Fax: _____

*Required for all Medications

DAILY MEDICATION LOG Begin on first day of Summer Session and ends last day of summer session.

| | 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 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Initials Name Initials Name Initials Name

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School Nurse: _____ Review Date: _____

Acceptable Codes: AB=absent SD=School Delay
 ED=Early Dismissal NS=No School FT=Field Trip
 NMS=No medication at school DC=Discontinue medication
 R=Refused O=Omitted/Attempted to locate student unsuccessful

Variance Codes: VO=Omitted Dose VW=Wrong Child
 VD=Wrong dose/amount VM=Wrong medication
 VT=Wrong Time VR=Wrong Route VS=Student Refused

