

2011-2012 NON-INJECTABLE MEDICATION ADMINISTRATION RECORD



_____ School Student ID# _____

Name of Student: _____ Grade: _____ Teacher: _____

Name of Prescribed Medicine: _____ For Treatment of: _____

Exact Dosage: _____ Prescription Number: _____

Time: _____ Name of Pharmacy: _____

Prescribing Physician: _____ Physician's Phone: _____

- REVIEW MEDICATION ADMINISTRATION POLICY ON THE OTHER SIDE OF THIS FORM AND SIGN WHERE INDICATED.
A PARENT/GUARDIAN SIGNATURE IS REQUIRED.
- RETURN THIS FORM WITH THE PROPERLY LABELED MEDICATION TO THE SCHOOL OFFICE.

Record of Prescribed Medication Administered:

	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
Aug						--	--						--	--						--	--						--	--			
Sept			--	--	H					--	--						--	--					H	--	--						
Oct	--	--						--	--			--	--									--	--					H	--	--	
Nov					--	--					H	--	--						--	--			H	H	H	--	--				
Dec			--	--						--	--						--	--				H	H	--	--	H	H	H	H	H	--
Jan	--	H	H				--	--					--	--	H						--	--						--	--		
Feb				--	--					H	--	--					--	--	H				H	--	--						
Mar			--	--						--	--						--	--						--	--	H	H	H	H	H	--
Apr	--						--	--					--	--							--	--						--	--		
May					--	--						--	--							--	--					--	--	H			
Jun		--	--						--	--						--	--						--	--						--	

Initial: _____	Name of Person Administering Medicine: _____	Initial: _____	Name of Person Administering Medicine: _____
_____	_____	_____	_____
_____	_____	_____	_____

Codes: A = Absent N = None Available W = Dose Withheld D = Early Dismissal O = No Show
 H = Holiday -- = Weekend F = Field Trip E = EEE S = Snow Day

POLICY FOR ADMINISTERING NON-INJECTIBLE MEDICATION AT SCHOOL

The following policy has been established regarding the administration of medication during school hours:

1. School personnel will **ONLY give medications prescribed by a physician or other health professional licensed to prescribe by a state regulatory body.**
2. Over-the-counter medication (including aspirin and Tylenol) will **NOT** be given unless **prescribed by a physician or other health professional licensed to prescribe by a state regulatory body.**
3. Medication **must be delivered** to school by a parent/guardian or designated adult. A one-month supply of a student's medication may be stored at school.
4. Medicine prescribed by a physician or other licensed health professional must have a pharmaceutical label to be accepted at school. Your pharmacist can give you an extra-labeled bottle to use for medicine at school. The bottle should include the following information:
 - a) Student's name
 - b) Current date
 - c) Name of medication
 - d) The dosage, route and frequency of administration
 - e) Name of prescribing physician or other licensed health professional
5. In most cases, it should not be necessary to administer more than one dose of medication during a six-hour school day. Your physician may be able to schedule all doses of medication to be taken at home. Exceptions should be arranged with the school nurse.
6. A parent/guardian should pick up medication that has been discontinued. **It will not be sent home with the child.** Discontinued medications will be disposed of if left at school for more than one week.
7. If a student has a health concern that requires medication on an as needed basis for emergency situations, then specific written instructions must be provided as to when and under what circumstances the medication is to be administered. This information should be provided and signed annually by the student's physician.

I have read and understand the Columbia Public Schools medication policy. I give my permission for CPS Staff to administer medication according to the directions. I give permission for the school nurse to contact the physician regarding the diagnosis related to the medication prescribed and for clarification of medication orders.

Parent/Guardian Signature

Start Date

Home Phone Number

Work Phone Number

End Date