

## RESURRECTION ST. PAUL MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid for school year \_\_\_\_\_

This form must be completed fully in order for school personnel to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication. Please label all medications with the student's name. At the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to school for review by the school nurse.
- The school nurse will call the prescriber, as allowed by HIPPA, if a question arises about the child or the child's medication.

### Prescriber's Authorization

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Strength: \_\_\_\_\_ Dose: \_\_\_\_\_

Route: \_\_\_\_\_ Time of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Relevant Side Effects of Medication: \_\_\_\_\_

Medication Order Expires (Specify): \_\_\_\_\_ End of School Year **OR** \_\_\_\_\_  
Month/Day/Year

Prescriber authorization for student to self carry/self administer emergency medication (initial):   
 (Must be approved by the school nurse in accordance with State medication policy)

Prescriber's Name/Title (Print): \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by school nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Medication Expiration Date: \_\_\_\_\_



### Medication Administration Record

|     | 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 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Sep |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Oct |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Nov |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Dec |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Jan |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Feb |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Mar |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Apr |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| May |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Jun |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Codes:** FT-field trip, X-school closed, A-absent, N-none available,  
 DC-med discontinued, ED-early dismissal, R-refused, H-hold, O-omit

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