



<b>Student</b>				Parent			
Date of Birth _____				Legal Guardian _____			
School _____	School Year _____	Bus _____	Car _____	Cell Phone _____			
Teachers _____				Work Phone _____			
Grade _____				Home Phone _____			

Y Lunch \_\_\_\_\_

Y PE \_\_\_\_\_

Medication \_\_\_\_\_

Dose Amount \_\_\_\_\_

No. of Tablets per Dose \_\_\_\_\_

Time to Give \_\_\_\_\_

**Name of Staff** \_\_\_\_\_ **Giving Medication** \_\_\_\_\_

Write in your name + title + initials  
\_\_\_\_\_  
\_\_\_\_\_

Initial each day when  
medication is given

**Safety Checklist**

- Medication Form attached + signed
- Medication Form Original to Nurse
- Medicine Container Properly labeled from pharmacy or store
- Directions match on form + label
- Medication in locked, secure area
- Medication counted -recorded - signed  
~~~~~for each refill~~~~~
- Signature of Person completing safety check \_\_\_\_\_

**Procedure**

1. Complete Safety Checklist
2. Count # tablets each new bottle/refill
3. Document tablet count (see count box)
4. Each tablet count must be witnessed
5. Document each conversation with parent/legal guardian about medication
6. Document Reason for missed doses
7. Other Comments - back of this log

**Codes for Missed Medication**

- H holiday
- A absent
- C change in dose
- ER early release
- F field trip
- Vac vacation day
- W withheld dose (document on back)
- WD workday
- M missed
- AL alternate location (ISS, ALS, ATS)

**RETURN TO SCHOOL NURSE AT THE END OF SCHOOL YEAR**

|    | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 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 |      |     |     |     |     |     |     |     |     |     |     |     |

\*Remember: count/document medication received (each time) with parent/legal guardian signature.

**RETURN TO SCHOOL NURSE AT END OF THE SCHOOL YEAR**

\*Document all parent/legal guardian contacts about medication. At the end of the year, send medication home with a parent/legal guardian co-signature. Never send medication home with student. At EOY, if med not picked up after two documented efforts to contact parent/legal guardian, the medication should be disposed/ wasted and signed by the school nurse and a witness (principal or designee).

School Nurse Signature \_\_\_\_\_  
File original in Individual Health Record

Date \_\_\_\_\_  
Revised: February 2016

