Center:

CHILD & FAMILY DEVELOPMENT PROGRAMS

Medication Permit and Log

State requirements allow schools to administer medications to children, with chronic, non-communicable condition, as long as the requirements for prescription medication are met. See Policy 3-8.

NAME of Student First				Last			Middle		
	.								
Name o	t Medication								
Che	Check one: Prescription Non-presc			Non-prescriptio	ription Refrigerate: Yes / No				
Reason	for medicatio	n							
Dosage	amount			Tir	Time(s) of day administered				
Method	of administra	tion		Ste	Storage				
Special	Instructions								
Medication begin date Medication end date									
Possible	side effects _								
All know	n medication	allergies of stu	dent						
Prescribi	ing Pharmacy			P	none	Rx #			
l hereby	authorize the	above medic	ation to b [,]	e administered t	o		as instructed.		
					(na	me of child)			
Parent S	ignature		(required)			Date			
			,						
Health (Care Provider	Signature (requ	ired for non-	-prescription medico	Date				
			Με	edication Log Sc	hedule				
			double che	ecked and witnes	sed by second	staff person when	•		
Date	Medicatio	on Dose	Time	Fridge Temp	Given By	Witnessed By	Reaction or Notes		
			-						
			<u> </u>						
			 						
			<u> </u>						
			<u> </u>						
			+						

Medication Log Schedule

Date	Medication	Dose	Time	Fridge Temp	Given By	Witnessed By	possible. Reaction or Notes
	1	1	1	1	1		

Staff must initial the appropriate space after dispensing medication or give reason for not dispensing the medication. Parents will be notified if a student refuses medication the day of the student's refusal. Form 3-8a will be kept with the medicine under lock and key until completed and then uploaded to Child Plus in the Health module.

Last date medication give _____ Date returned to parent _____ Always return the empty bottle or container to the parent/guardian. Return of any medication must be done in the presence of another staff member and documented.

Disposal by ____

_____ Witness ____

_____ Date _____