

PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

I have completely read and understand the Jackson R-2 District's Medication Administration Guidelines and am requesting the nurse and assistive personnel to give:

Student: _____ Grade: _____ School: _____

Name of Prescribed Medication: _____

For treatment of: _____

Exact Dosage: _____ Time to be Given: _____

Date to Begin: _____ Date to End: _____

Name of Pharmacy: _____ Phone: _____

Name of Physician: _____ Phone: _____

Who will pick up unused medication: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Initials: _____ Person Administering Medication: _____ Medication count: _____ Date: _____

Codes: A = Absent F = Field Trip N = None Available D/C = Stopped
 O = No Show H = Holiday D = Early Dismissal X = Weekend
 HM = Home