

OUR LADY OF VICTORY CATHOLIC SCHOOL

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 new 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 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 _____

Prescribers authorization for student to _____ self-carry _____ self-administer emergency medication (initial): _____

Prescriber's Name/Title (Print): _____ Date: ____/____/____

Prescriber's Signature: _____ Date: ____/____/____

Telephone: _____ FAX: _____

Parent Signature: _____ Date: ____/____/____

Reviewed by School Nurse: _____ Date: ____/____/____

Prescriber's Address Stamp

	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																															
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Jun																															

Codes: FT-Field Trip, X-School Closed, A-Absent, N-None Available, DC-Meds Discontinued, ED-Early Dismissal, R-Refused, H-Hold, O-Omit

Name/Position/Initials

Name/Position/Initials

Name/Position/Initials

Name/Position/Initials