

**BALLARD COMMUNITY SCHOOL DISTRICT
PRESCRIPTION MEDICATION ADMINISTRATION FORM**

****MEDICATION MUST BE IN ORIGINAL CONTAINER WITH DOCTOR'S ORDERS VISIBLE****

Student: _____ Age: _____ Birth Date: _____ Grade/Teacher: _____ School Year: _____

I GIVE MY PERMISSION TO THE BALLARD SCHOOL NURSE OR HER DESIGNEE TO ADMINISTER THE FOLOWING PRESCRIPTION MEDICATION TO THE ABOVE NAMED STUDENT FOR THE FOLLOWING DATES: FROM: _____ TO: _____

Medication: _____ Dose: _____ Time: _____ Route: _____

Parent Signature: _____ Date: _____ Phone #: _____

Comments: _____

ADMINISTRATION RECORD

Record the time of each dose, and initial each dose (Parental consent and notations of unusual circumstances are maintained in the student's health 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.																															
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
June																															

Initial	Name & Title	Codes	Date	# tabs rec'd	Rec'd by
_____	_____	- : Weekend H : Holiday A : Absent	_____	_____	_____
_____	_____	N : None Available F : Field Trip	_____	_____	_____
_____	_____	E : Early Dismissal O : No Show	_____	_____	_____