

# Immaculate Conception School

## Loose Creek

### Medication Authorization Form/Daily Log 2023-2024

**Note: This form is needed for both over the counter and prescription medications. Complete one form for each medication.**

I request the nurse or designated school staff member to give:

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_ DOB: \_\_\_\_\_ Grade/Home Room (or Teacher): \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Dosage and Times: \_\_\_\_\_ Date From: \_\_\_\_\_ to: \_\_\_\_\_

For Treatment of: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone Numbers:     Mother/Guardian: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
                             Father/Guardian: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH THE PROPERLY LABELED MEDICATION IN THE ORIGINAL CONTAINER. THE PHARMACIST WILL PROVIDE AN EXTRA CONTAINER FOR SCHOOL.**

***Office Use Only:***

Directions: Record time of administration and initial. A complete signature and initial of each person administrating medications should be included below.

	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																															

Note: Person administering medication should initial and sign below.

CODES: (A) Absent (O) No Show (E) Early Dismissal (W) Dosage Withheld (F) Field Trip (X) No School (i.e. holiday, weekend, snow day. etc.) (N) No Medication Available

Initial \_\_\_\_\_ Signature \_\_\_\_\_     Initial \_\_\_\_\_ Signature \_\_\_\_\_     Initial \_\_\_\_\_ Signature \_\_\_\_\_

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows".)