

School Year: 2023-2024

### MEDICATION RECORD

Order good for up to the end of one school year.

School: The Franklin School of Innovation  Prescription  Non-prescription \*\*\*Medication Expiration Date: \_\_\_\_\_\*\*\*

<b>PHYSICIAN AUTHORIZATION</b> <i>(To be completed by the Physician)</i> <b>Student:</b> _____		<b>DOB:</b> _____	
Name of Medication: _____		Dosage/Route _____	
Time: _____		or for PRN, every _____ hours.	
Reason medication is prescribed: _____		Start date: _____	
Stop Date: _____		Significant information/Parameters for Administration/Instructions/Contraindications: _____	
<b>Licensed Health Care Provider Signature:</b> _____		<b>Date:</b> _____	
<b>Phone:</b> _____		<b>Fax:</b> _____	

#### DAILY MEDICATION LOG

	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.																															
April																															
May																															
June																															

\_\_\_\_\_  
Initials Name                      Initials Name

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Initials Name                      Initials Name

School Nurse: \_\_\_\_\_ Review Date: \_\_\_\_\_

Acceptable Codes: AB=absent T=Tardy SD=School Delay  
 ED=Early Dismissal NS=No School FT=Field Trip  
 NMS=No medication at school DC=Discontinue medication

Variance Codes: VO=Omitted Dose VW=Wrong Child  
 VD=Wrong dose/amount VM=Wrong medication  
 VT=Wrong Time VR=Wrong Route VS=Student Refused

