

**The Harbor School's Medication Form/Physician's Order (To Be Completed by Physician/Authorized Health Care Provider)**

Student Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ **DATE OF ORDER:** \_\_\_\_\_  
 School: \_\_\_\_\_ Order Expires End of School Year or (date): \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_ Order valid for current year including summer school (Check if appropriate):   
 Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Strength: \_\_\_\_\_  
 Time to Give Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency of Medication: \_\_\_\_\_ Date Med. Expires: \_\_\_\_\_  
 Possible Side Effects: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

Student may carry and self administer medication for asthma or other airway constricting conditions MD Initials \_\_\_\_\_

\_\_\_\_\_  
**PRINTED PHYSICIAN/PRESCRIBER NAME, SIGNATURE AND DATE** **PARENT/GUARDIAN SIGNATURE**

**Medication Administration Record (For School Use Only)**

**Nurse Reviewed:** \_\_\_\_\_ **Dates Reviewed:** \_\_\_\_\_

|           | 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 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| August    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| September |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| October   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| November  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| December  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| January   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| February  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| March     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| April     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| May       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| June      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| July      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

|   |          |               |          |  |
|---|----------|---------------|----------|--|
| Name/Position   | Initials | Name/Position | Initials | <b>CODES: Chart reason (See H.S. Manual)</b> |
| _____   | _____    | _____         | _____    | X: School Closed FT: Field Trip              |
| _____   | _____    | _____         | _____    | A: Absent R: Refused                         |
| _____   | _____    | _____         | _____    | N: None Available O: Omitted                 |
| _____   | _____    | _____         | _____    | NS: No Show to HR H: Dose Held               |
| Nursing assessment has been completed for student self administration |          |               |          | D/C: Med. Discontinued                       |
| Student may / may not self administer (Circle One)                    |          |               |          | L/E: Late Arrival/Early Dismissal            |
|   |          | RN Signature  | Date     |  |