

## Record of Medication Given at School/Child Care

Student Name:	Birth Date:	School/Child Care:	Classroom:	Start/End dates:
Medication:	Dose:	Route:	Time to be given:	Special Instructions:

<b>Medication Drop Off</b>		Parent Signature
I have brought in _____ and understand that I will be notified to pick up medications if the medication is expired or my student withdraws. All student medication(s) left at the school/child care will be discarded according to State Regulatory Agency recommendations for safe medication disposal.		Staff Signature
Is Medication Authorization or Health Care Action Plan signed by <b>Parent?</b>  <div style="text-align: right; font-size: small;">Staff Initial</div>	Is Medication Authorization or Health Care Action Plan signed by <b>Health Care Provider?</b>  <div style="text-align: right; font-size: small;">Staff Initial</div>	Does medication label & dosage match all written authorizations?  <div style="text-align: right; font-size: small;">Staff Initial</div>

<b>Intake and Count for all Medication</b>						
*All controlled Medications must be counted and verified by two medication trained staff members or by one staff member and parent (i.e. Ritalin, Adderall)						
Date	Medication and Dose	Expiration Date	Amount Received	Parent Signature	Staff Initials	*2 <sup>nd</sup> Staff Initials
Is medication log on reverse side of this document completed with one medication per page?  <div style="text-align: right; font-size: small;">Staff Initial</div>	Has a transmitted copy/email/Fax of this order gone to Child Care Health Consultant or School Nurse?  <div style="text-align: right; font-size: small;">Staff Initial</div>	Has staff with "need to know" been informed of Health Care Action Plan?  <div style="text-align: right; font-size: small;">Staff Initial</div>	Are medication secured in designated location with copy of Health Care Action Plan or Medication Authorization?  <div style="text-align: right; font-size: small;">Staff Initial</div>			

<b>Parent Pick up of Medication – Indicate how and when parent is notified to pick up:</b>				
Date	Medication and Dose	Amount	Parent Signature	Staff Initials

<b>Disposal of Medication - The following medication has been discarded in per Colorado Department of Public Health and Environment recommendations.</b>					
Date	Medication and Dose	Amount	Staff Initials/Date	*2 <sup>nd</sup> Staff Initials/Date	Child Care Health Consultant/School Nurse and Date

Comments/Special instructions (Date and sign all entries):	File Medication Authorization/Health Care Action Plan and this record in Student Cumulative File.  <div style="text-align: right; font-size: small;">Staff Initial</div>
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Student Name:	Birth Date:	School/Child Care:	Classroom:	Start/End dates:
Medication:	Dose:	Route:	Time to be given:	Special Instructions:

	Week of:					Week of:					Week of:					Week of:				
Date:																				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM:																				
PM:																				
Count:																				
	Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.				

	Week of:					Week of:					Week of:					Week of:				
Date:																				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM:																				
PM:																				
Count:																				
	Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.				

	Week of:					Week of:					Week of:					Week of:				
Date:																				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM:																				
PM:																				
Count:																				
	Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.				

Codes:	<b>NS</b> = No School	<b>A</b> = Absent	<b>OM</b> = Out of Medication	<b>M</b> = Missed Dose	<b>R</b> = Refused
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Staff (print)	_____	Signature	_____	Initials	_____
Staff (print)	_____	Signature	_____	Initials	_____
Staff (print)	_____	Signature	_____	Initials	_____
CCHC/SN	_____	Signature	_____	Initials	_____