

**NEW PRAIRIE UNITED SCHOOL CORPORATION HEALTH SERVICES
Parents Authorization to Administer Non-Prescription Medication**

Student Name: _____
 School: _____
 Name of Medication: _____
 Time to Give Medication: _____

Address: _____
 Grade: _____
 Dose: _____
 Route: _____

I will assume responsibility for safe delivery of the medication to school in the original labeled container.

 Date

 Home Phone

 PARENT / GUARDIAN SIGNATURE

 Work Phone

Medication Administration Record (For School Use Only)

	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																															
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															

Name/Position	Initials	Name/Position	Initials	Codes: Chart reason	
_____	_____	_____	_____	X: School Closed	FT: Field trip
_____	_____	_____	_____	A: Absent	R: Refused
_____	_____	_____	_____	N: None Available	O: Omitted
_____	_____	_____	_____	NS: No Show to HR	H: Dose Held
_____	_____	_____	_____	D/C: Med. Discontinued	
_____	_____	_____	_____	L/E Late Arrival/Early Dismissal	

