Bloomsbury Elementary School
Daily and PRN Medication Form

This form must be completed for all prescribed or over the counter medications other than asthma medications and Epi-pens. (For asthma medications, use the district Asthma Treatment Plan Form. For Epi-pens, use the district Allergy Treatment Plan.)

Student Name: _____Date of Birth: _____

Physician:_____ Physician Phone Number: _____

To be completed by physician/health care provider:

Is this child allergic to medications? ☐ No ☐ Yes, please list_____

Diagnosis: _____Medication: _____

Dosage: _____ Route:_____

Time: _____Number of days to be administered: _____

Activity restrictions based on medication effects: _____

Interactions with other medications that might enhance, alter, or impact medication:

_____

Medication Order for Class Trip Days

On the occasion of a school event or trip at which a nurse is not present, this medication may be omitted or delayed. There is no hazard to the child's health by so doing. In some cases, there may be a need to carefully monitor the child's behavior.

☐ This medication should always be given at the times specified.

☐ Other (please explain):

Medication Order for Early Dismissal Days (8:30-12:30 PM)

☐ Omit afternoon dose.

☐ Maintain original order.

In the event that the student is not given his morning dose at home, the school nurse may give the medication listed above with parental permission. AM DOSE=_____

Signature of Physician: _____ Date: _____

Name/Address/Phone of Physician (printed) _____

_____

_____

Section II – to be completed by parent/guardian (parent authorization):

I hereby give permission for my child to receive medication at school as prescribed by my child's physician. I also give permission for the release and exchange of information between the school nurse and my child's physician concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.

Parent Signature: _____ Date: _____

Note: Additional form required for self-administration of asthma inhalers and Epi-pens.