

# York County School Division Medication Card

Time \_\_\_\_\_

Teacher \_\_\_\_\_

Daily \_\_\_\_\_ PRN \_\_\_\_\_

Room No. \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose/Route \_\_\_\_\_

Special Instructions: \_\_\_\_\_

	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
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
June																															

Name/Position _____	Initials _____	Name/Position _____	Initials _____	Name/Position _____	Initials _____
_____	_____	_____	_____	_____	_____

**CODES**

A: Absent	FT: Field Trip	R: Refused
ED: Early Dismissal	N: None Available	X: Weekend/Holiday

# YORK COUNTY SCHOOL DIVISION

## ADMINISTRATION OF MEDICATION FORM

We attempt to discourage the administration of medication during school hours; and, request, whenever possible, that medication be administered at home. We realize that this is not always possible; and will cooperate in the administering of medication when necessary.

### PERMISSION TO ADMINISTER MEDICATION

I give permission for \_\_\_\_\_ to receive the medication prescribed by \_\_\_\_\_ .  
Student Name Physician's Name

Name of Medication \_\_\_\_\_ Date/s to be given \_\_\_\_\_

Time to be given \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Medication \_\_\_\_\_

The medication should be in an appropriate container; labeled with the student's name, name of medication, amount and time to be given, and duration. PLEASE DO NOT SEND MEDICATION IN BAGGIES, KLEENEX, OR ALUMINUM FOIL.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

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I request that the appropriate dose(s) of the above medication be sent on field trips to be given by my child's teacher or designated adult.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date