

# Eastern York School District Medication Form

Year \_\_\_\_\_

<b>Student Name</b>				<b>Grade/Teacher</b>	
<b>Medication</b>				<b>Education/Field Trips/Absence of School Nurse</b> I hereby authorize the medication listed to be administered to my child by the classroom teacher, principal/secretary in the absence of the school nurse. We do agree to hold the teacher/principal/secretary harmless from any liability connected with the administration of dosages at the times and in the manner set by the physician.	
<b>Dose</b>	<b>Time</b>	<b>Days To Be Given</b>			
<b>Physician Signature</b>					
<b>Parent Signature</b>					
<b>Possible Side Effects</b>					
				<b>Parent (s) Signature</b> _____ <b>Date:</b> ___/___/___	

MONTH	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																															

KEY			
<b>H</b>	Holiday	<b>F</b>	Field trip
<b>A</b>	Absent	<b>E</b>	Early dismissal
<b>N</b>	None available	<b>O</b>	No show
<b>D</b>	Delay	<b>S</b>	Snow day

<b>Delay: 1 hr</b>	Do not give _____ dose. Give ____ dose at ____ Give ___ dose at _____
<b>Delay: 2 hr</b>	Do not give _____ dose. Give ____ dose at ____ Give ___ dose at _____
<b>Early Dismissal</b>	Do not give _____ dose.

Initials	Signature

**Med Classification:**

