



DAILY MEDICATION FORM

This form must be completed before prescription or non-prescription medication can be given to your child. Non-prescription medication, except for acetaminophen (Tylenol) and topical medications may only be administered for three consecutive days unless a licensed health practitioner approves the administration of the medication and the dosage. Prescription medication must be in the container labeled by the pharmacy administered according to the health practitioners written instructions or the instructions on the medications label.

Please be sure that **ALL** medication is given directly to an Administrator and under NO CIRCUMSTANCES should medication be placed in a child's back bag or within reach or any child.

ALL FORMS	MUST BE INITIA	LED DAILY AND A NEW FO	RM MUST BE FILI	LED OUT AT THE BEGINN	ING OF EACH WEEK.	
CHILDS NAN	ЛЕ:					
TODAYS DA	TE:					
NAME OF M	1EDICATION:					
MEDICAL PR	ROBLEM BEING T	REATED:				
EXACT TIME	OF LAST DOSAG	GE GIVEN:				
		TO BE ADMINISTERED: _ day, exact hour only.	AM	or PM		
SIDE EFFECT	S OF MEDICATION	ON:				
AMOUNT O	F DOSAGE:					
DATE PRESC	CRIPTION WAS IS	SUED:				
medication u description o	nder the terms sta n the label and wa	do authorize The Burke ated above. To the best of m as prepared by a licensed pha o whether it is absolutely ne	ly knowledge, the r armacist. I authoriz	medication within the contace the school to contact my	iner is identical to the child's physician if there is	
Parent's Signature				Date		
			OFFICE USE ONL			
		eted each time a medicat				
DATE	TIME	MEDICATION	DOSAGE	STAFF SIGNATURE	STAFF INITIALS	