

## DIOCESE OF TUCSON SCHOOLS STUDENT MEDICATION CONSENT / LOG

*I hereby request and give my consent for the school nurse or person designated by the administrator to see that my child is given the medication indicated below. The medication will be furnished by me in the original container, labeled with the child's name; has a written order or prescription label from my medical provider; and is to be given as follows:*

Allergies \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Hm Rm Teacher \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Diagnosis \_\_\_\_\_

Special Instructions \_\_\_\_\_ Side Effects \_\_\_\_\_ Month/Year \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

<b>MEDICATION</b>
NAME
DOSAGE
TIME
ROUTE

- \* Record the amount of Medication received (i.e. # of pills, amount of liquid) with each initial receipt in the "Notes" Section on the Reverse
- \* Record Time Medication was given (or Reason not given) and Initials in the appropriate boxes
- \* If medication is not given, please use one of the following abbreviations to indicate the reason why:

A-absent O-out of medication F-field trip D-discontinued R-refused DW-dose wasted ER-early release day V-vacation/school closed S-Other and Provide explanation in the "Notes" Section on the Reverse side

Med Giver Signature/Initials/Date for each dose.

Signature/Initials: \_\_\_\_\_

Signature/Initials: \_\_\_\_\_

Signature/Initials: \_\_\_\_\_

Signature/Initials: \_\_\_\_\_

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STUDENT MEDICATION CONSENT / LOG**

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**NOTES**

DATE	TIME		DATE	TIME	

**DOCUMENTATION OF RECEIPT OF MEDICATIONS**

DATE RECEIVED	MEDICATION (Name and dosage)	Number of Tablets Amount of Liquid	LOT NUMBER	EXPIRATION DATE	RECEIVED BY (SIGNATURE)