

Administering Medication to Students at Legacy Kids Care



Name _____ Date _____

Teacher _____ School _____ Grade _____

Medication _____ Dosage _____

Diagnosis/Reason for Giving _____

Time to be given _____ AM _____ PM

Dates: _____ To _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient's name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

Parent/Guardian Signature _____ Date _____

*A new form is required for any change in medication name or dosage and at the beginning of each summer.

***Staff members in charge of the Legacy Kids Care will assist students, as trained by the parent, following a physician's order. Parent initials _____.**

*******Over the counter medication is not given. *******