



PRESCRIBED MEDICATION ADMINISTRATION FORM – YUMA SCHOOL DISTRICT ONE

SCHOOL: _____

Student's Name: _____ DOB: _____ Grade: _____

TO BE COMPLETED BY A HEALTHCARE PROVIDER

Medication Name: _____

Diagnosis/Condition: _____

Dose/Route/Frequency/Time to be given at school: _____

Common Side Effects: _____

School year dates to be given: July 1, 2024 to August 30, 2025 or From _____ to _____

Prescriber's Signature: _____ Phone _____

Prescriber's Name (please print): _____ Date _____

Healthcare Provider Address:

(Provider may stamp page)

TO BE COMPLETED BY PARENT/GUARDIAN

I authorize the school nurse or trained staff person to administer or assist my child in taking the medication(s) noted above. I shall not hold the YSD1, or its employees, liable for any untoward response that may result from administering or my child self-administering this medication in the health office. Please note, only a 30-day supply of medication may be kept at school. All medication must be in the original container and labeled with student's name, prescribing health provider, date of prescription, strength, dose, and directions for use. This medication will be destroyed unless picked up on the last day of school or upon the expiration date of this medical order.

I authorize the release/exchange of pertinent information between the school registered nurse/health assistant and the physician's office by telephone, mail, or electronic exchange regarding the above medical diagnosis and medication information concerning my child.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Phone: _____

RN Signature: _____ Date: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date received: _____ Qty: _____ Parent sign: _____ RN/HA: _____

Date returned: _____ **Qty:** _____ **Parent sign:** _____ **RN/HA:** _____

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Date received: _____	Qty: _____	Parent sign: _____	RN/HA: _____
Date received: _____	Qty: _____	Parent sign: _____	RN/HA: _____
Date received: _____	Qty: _____	Parent sign: _____	RN/HA: _____
Date received: _____	Qty: _____	Parent sign: _____	RN/HA: _____
Date received: _____	Qty: _____	Parent sign: _____	RN/HA: _____
Date received: _____	Qty: _____	Parent sign: _____	RN/HA: _____

Notes: