

Honey Creek Community School

MEDICATION PERMISSION

Child's Name _____

Medication _____ Dosage _____

Dose of Medication & Frequency _____

MEDICATION WILL BE GIVEN AT LUNCH TIME ONLY

Authorization Expires _____

Physician's Name _____ Phone Number _____

I understand and agree that this medication will be administered to my child by a Honey Creek School teacher. I hereby waive any claim against Honey Creek and its employees on account of the administration of this medicine. I further agree that you may contact the physician who prescribed the medicine.

I understand that the medicine will only be administered from its original container and teachers will not administer the first dosage of the medicine.

Parent/Guardian Signature

Date

HONEY CREEK COMMUNITY SCHOOL

1735 S. Wagner Rd.

Ann Arbor, MI 48106-1406

*Phone: (734) 994-2636

*Fax: (734) 994-2203

MEDICATION ADMINISTRATION DAILY LOG

(To be completed for each medication)

School Year _____

Name of Student _____ Date of Birth _____ Sex _____ Grade/Teacher(s) _____

Name of School _____

Name and Dosage of Medication _____ Route(s) _____ Given in School _____

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

	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																															
JULY																															
INITIAL																															

(of person administering medication)

SIGNATURE

INITIAL

SIGNATURE

CODES

- _____ 5. _____ (A) Absent (O) No Show
- _____ 6. _____ (E) Early Dismissal (W) Dosage Withheld
- _____ 7. _____ (F) Field Trip (X) No School (i.e. Holiday, weekend, snow day, etc.)
- _____ 8. _____ (N) No Medication Available

Use reverse side for reporting significant information (e.g. Observation of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").