***SAINT JOSEPH CATHOLIC SCHOOL-WESTPHALIA, MO***
***Website: www.stjo1835.org***
***Fax: (573) 455-2287***

## *Medication Authorization Form and Daily Log*

A medication sheet should accompany each medication sent to school. Medication Sheets may be accessed via the St. Joseph web page (www.stjo1835.org).

**All medications must be presented to the school nurse in the *original containers*.** Prescription drugs will only be administered according to the pharmacy label. The pharmacy will provide an extra bottle for school. Over the counter drugs will only be administered according to the manufacturer's instructions. In order to protect your child's health and safety, unlabeled medications will not be given.

Name of student: _____ Grade: _____ Age: _____

Name and Dose of Medication: _____

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

Date from: _____ to: _____ Over the Counter: _____ Prescription: _____

I request the nurse or designated school staff member to give my child medication at school:

Parent Name: _____

Parent Signature: _____

Contact Number: _____

_____ Return medicine daily _____ Keep medicine at school

***OFFICE USE ONLY:*** Directions: Initial with time of administration:

| | 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 |
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NOTE: Person administering medication should initial and sign below.

| Initial | Signature | Initial | Signature |
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| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Codes: (A) Absent (O) No Show (E) Early Dismissal (W) Dosage Withheld
(F) Field Trip (X) No School – i.e. holiday, weekend, snow day etc.
(N) No Medication Available