THE
HARMONY
SCHOOLS

Where Little Dreams Grow SM

DAILY MEDICINE FORM

This form must be completed before prescription medicine can be given to your child. Only medicine prescribed by a physician within the last 30 days will be administered, and under no circumstances should medicine be placed within a child's reach, e.g. in the lunch box, backpack, etc. Containers must be labeled and handed directly to the adult in charge Forms must be initialed daily and a new form must be filled out at the beginning of each week.

Child's Name: _____

Today's Date: _____

Medical Problem Being Treated: _____

Exact Time Last Dosage was given: _____ AM or PM

Exact Time, Dosage and Instructions for Administration:

_____

Date Prescription was issued: _____

I, _____
(name and relationship to child), authorize The Harmony School to administer medication within the container is identical to the description on the label and was prepared by a licensed pharmacist. I authorize the school to contact my child's physician if there is any doubt as to whether it is absolutely necessary for my child to take this medicine during his or her school hours.

Signed: _____

See back of form for:
Parent- Subsequent Days Permission Initial
Staff- Medication Administration Sign Off

Parent – Subsequent Days Permission

_____	_____
_____	_____
_____	_____

Staff – Medication Administration Sign Off

INITIAL	TIME	NOTES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Any Adverse Reaction:

_____

_____

_____