BISD Medication Delivery Count

Student Name: _____ **DOB:** _____
Teacher: _____ **Grade:** _____

INITIAL MEDICATION DELIVERY

Name of Medication: _____

Date: _____ Dosage: _____ Time to be given: _____

❑ Healthcare Provider Order Received ❑ Parent Permission Received

Number of Pills Received (if count is appropriate): _____

School Nurse Signature: _____

Parent / Guardian Signature: _____

SUBSEQUENT MEDICATION DELIVERY

Date: _____ Number of Pills Received (if count is appropriate): _____

School Nurse Signature: _____

Parent / Guardian Signature: _____

Date: _____ Number of Pills Received (if count is appropriate): _____

School Nurse Signature: _____

Parent / Guardian Signature: _____

Date: _____ Number of Pills Received (if count is appropriate): _____

School Nurse Signature: _____

Parent / Guardian Signature: _____

Date: _____ Number of Pills Received (if count is appropriate): _____

School Nurse Signature: _____

Parent / Guardian Signature: _____

RECEIPT OF MEDICATION DELIVERED TO SCHOOL

Student Name: ____ **DOB:** ____________________
Teacher: ____ **Grade:** __________________

INITIAL MEDICATION DELIVERY as per page

Name of Medication: ____

Date: ________ Dosage: __________________________Time to be given: ______________

SUBSEQUENT MEDICATION DELIVERY

Date: ________ Number of Pills Received (if count is appropriate): ________________________

School Nurse Signature: ____

Parent / Guardian Signature: ____

Date: ________ Number of Pills Received (if count is appropriate): ________________________

School Nurse Signature: ____

Parent / Guardian Signature: ____

Date: ________ Number of Pills Received (if count is appropriate): ________________________

School Nurse Signature: ____

Parent / Guardian Signature: ____

Date: ________ Number of Pills Received (if count is appropriate): ________________________

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School Nurse Signature: ____

Parent / Guardian Signature: ____

Date: ________ Number of Pills Received (if count is appropriate): ________________________

School Nurse Signature: ____

Parent / Guardian Signature: ____