



MEDICATION RECORD GUIDELINES



Although your child may not be on medication at this time, if he or she should need prescription medications (such as antibiotics) right before attending AMP, **you will need this record.**

This record must be accurately completed no earlier than two (2) weeks before the AMP program begins. **Your physician must sign for each medication your child is bringing with them.** Record the medications on the back side of this record. This record is for any student receiving any type of medication, whether it is for chronic or long-term conditions, or a short-term condition.

READ CAREFULLY THROUGH THE FOLLOWING MEDICATION GUIDELINES

1. "OVER THE COUNTER" (OTC) MEDICATIONS: AMP does NOT stock any "OTC" medication. All medications that your child might require during the day **must** be brought with them.
2. No aspirin-containing products will be accepted unless written authorization by a physician is given.
3. All prescribed medications must be written in English and legible.
4. Labeling on medication **MUST INCLUDE** the following:
 - a. Complete name of student (medication prescribed for persons other than the student **WILL NOT** be accepted)
 - b. Name of medication
 - c. Dosage, how often to be given, how to be taken
 - d. Expiration date
 - e. Name of prescribing physician
 - f. Storage or special instructions
5. Please make sure that you send the complete prescription sufficient for a full day.
6. **LIQUID ANTIBIOTICS:** This type of medication usually requires refrigeration and often 3 to 4 doses day. In a classroom setting, it is generally easier for your child, who is out and about all day, to have "chewable" antibiotics. Please ask for chewable or regular swallow type pills if your child should require antibiotics.
7. **METERED DOSE INHALERS:** These are the asthma inhalers. PLEASE SEND A SECOND INHALER AND LABEL IT. You should label all pieces (chambers, aerosol can, etc.). Once they are checked in at the nurse's station, your child will keep their own inhaler.
8. **NEBULIZERS:** For asthma conditions, label all pieces of equipment and send complete instructions for use. Nebulizers all perform the same function but may operate differently.

IT IS ESSENTIAL THAT THESE GUIDELINES BE FOLLOWED EXACTLY!
WE WILL NOT BE ABLE TO SUPERVISE YOUR CHILD'S MEDICATION
WITHOUT THIS RECORD ACCURATELY COMPLETED.

Thank you for your cooperation and help. We appreciate the time you have taken to complete these forms. It will help make your child's AMP experience a healthy and positive one.

MEDICATION RECORD FORM ON BACK



MEDICATION RECORD GUIDELINES



MEDICATION RECORD

REMEMBER: Please complete this record prior to your child attending AMP.

YOUR PHYSICIAN MUST SIGN THIS RECORD FOR EACH MEDICATION PERSCRIBED

Date _____

Child's Name _____ Age _____ Weight _____

Allergies _____

Parent's/Guardian's Signature _____

Physician's Name (print legibly) _____

Physician's Phone Number (print legibly) _____

** If possible, ask for chewable tablets instead of liquids **

** We are NOT able to provide refrigeration for medications. **

PLEASE COMPLETE THE ENTIRE FORM ACCURATELY!

Name of Medication On Rx	Dosage (Must match Rx)	How Often to be Given (Must match Rx)	Special Instructions	Physician's Signature (Required for each Rx)
				X
				X
				X
				X
				X

TURN IN THIS FORM WITH MEDICATIONS