Cache County School District

New Medication Order Administration Checklist

Student Name:_____ **School:**_____ **Grade:**_____ **Date:**_____

Medication: _____ **Designated Employee Completing Form:** _____

DO NOT TAKE IN OR ADMINISTER ANY MEDICATIONS UNTIL ALL OF THE CHECKLIST STEPS ARE COMPLETED

Initial the steps below when completed and sign.

_____ Text or call your nurse with name of medication for approval.

_____ Parent Signature on School Medication Authorization Form OR Allergy, Asthma, Diabetes, and Seizure IHP.

_____ Health Care Provider Signature on School Medication Authorization Form OR Allergy, Asthma, Diabetes, and Seizure IHP.

_____ Principal Signature on School Medication Authorization Form.

_____ Medication, dose, and time listed on School Medication Authorization Form.

_____ Medication labeled with student's name, medication name, dose, and time(s) given.

_____ Write down the number of pills in the bottle (injectors, inhalers, etc) _____

_____ Date medication brought to school in labeled container.

_____ Dosage on medication label matches dosage written on consent form.

_____ Medication appropriately stored.

_____ Medication Calendar generated including student information, medication, dosage, and inventory trained employee signatures on the back.

_____ Take a photo with your iPad of the School Medication Authorization Form OR Allergy, Asthma, Diabetes, and Seizure IHP's, **AND** your completed Medication checklist (this form). Upload your pictures and add them to your school health aide folder labeled, "New Medication Folder." Share these forms through your google drive to notify your school nurse.

***Emergency Medications** such as Epi-Pens, Glucagon, Insulin, and Asthma Inhalers are to be stored in a secure location that is not readily accessible to other students, but is not required to be kept locked. *All other medications should be stored in a locked box/cabinet/drawer.*

Completed by the District RN's Only

_____ _____ _____

CCSD RN Signature **Approved Stamp** **Date**