

Love of Learning Montessori School, Inc. 9151 Rumsey Road, Columbia, MD 21045 (410) 715-9600

Medication Form/Physician's Order (To Be Completed By Physician)

Student Name: _____	DOB: _____
School: <u>Love of Learning Montessori School</u> Grade: _____	Date of Order: _____
Reason for Medication: _____	Date Order Expires: _____ Date Medication Expires: _____
Name of Medication: _____	Dose: _____ Strength: _____
Time to Give Medication: _____ Route: _____	Frequency of Medication: _____
Possible Side Effects: _____	
Special Instructions: _____	
Physician's Signature	Parent's Signature

Medication Record/Administration (For School Use Only)

	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
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															

Name/Position

Initials

Name/Position

Initials

CODES (Use for unusual Situations)

- :Weekends/Holiday
- A: Absent
- N: None Available
- R: Refused

- F: field trip
- ED: Early Dismissal
- O: Omitted
- D/C: Discontinued
(chart reason)