



NHA MEDICATION INTAKE FORM



Child's Name: _____ DOB: ____ / ____ / ____ Date: ____ / ____ / ____

Name of Medication: _____ Medication Expiration Date: ____ / ____ / ____

This form must be completed for each medication that is brought to school.

- ✓ A staff member must complete this form before the child's first day of school.
- ✓ Medication cannot be accepted by the site until this form is completed.
- ✓ The Authorization to Administer Medication at school form must be completed and signed by the child's physician and parent/guardian.
- ✓ An IHP is required for all medications to be administered at school.

Accept medication **ONLY** if you can answer **YES** to all of the questions below.

1. Is the Authorization to Administer Medication at School form complete? <i>(Including: PARENT AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are all required signatures completed on the Individual Health Plan (IHP) form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the medication have the original label, and is it in the original box? <i>(For Over-the Counter Medications: add a label with child's name and date received to the medication, then check "Yes" for this item.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the child's name on the medication ? <i>(For Over-the Counter Medications: add a label with child's name and date received to the medication, then check "Yes" for this item.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the dosage and name of medicine match the medication information on the Authorization to Administer Medication at School form ? <i>(For Over-the-Counter Medications: refer to the Authorization to Administer Medication at School form for dosing instructions and check "Yes" for this item.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the medication current and not expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Staff

Signature of Staff

____ / ____ / ____
Date