BALTIMORE COUNTY PUBLIC SCHOOLS
Towson, Maryland 21204

BALTIMORE COUNTY DEPARTMENT OF HEALTH
Baltimore, Maryland 21212

MEDICATION ADMINISTRATION – HEALTHCARE PROVIDER'S ORDER

School Year: _____ School: _____ Teacher/Grade: _____ Room: _____

Student: _____ DOB: ____/_____/_____

Medication: _____ Health Care Provider:_____ Phone: _____

Date Ordered	Date Discontinued	Date Ordered	Date Discontinued	Date Ordered	Date Discontinued	Comments:
_____	_____	_____	_____	_____	_____	
Dose _____		Dose _____		Dose _____		
Route _____		Route _____		Route _____		
Time(s) _____		Time(s) _____		Time(s) _____		

	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
Aug.																															
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
March																															
April																															
May																															
June																															
July																															

INITIALS	**NAME**	**INITIALS**	**NAME**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CODES

--: Holiday/Weekend
A: Absent
N: None Available
D: Early Dismissal/ Late Arrival
W: Dose Withheld (Chart Reason)

Order transcribed: _____ Order reviewed by RN: _____

Order transcribed: _____ Order reviewed by RN: _____

Order transcribed: _____ Order reviewed by RN: _____

BEBCO **3166 -11**

Date	Comments: (e.g., receipt of medication, count)	Initial	Date	Comments: (e.g., receipt of medication, count)	Initial

Monthly Medication Count

Date	Balance from last count	Amount received since last count	Total amount of medication	Amount administered to student	Expected medication balance	Actual medication balance	Initials