

# CCSD Daily Medication Checklist

## Nursing and Health Services



**RN  
Approval**

### STUDENT INFORMATION

Student:	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 AND SIGN WHEN COMPLETED

Contact your nurse with the name of medication, if it's not on the CCSD medication approved list	
Health Care Provider Signature on the School Medication Authorization Form	
Parent/Guardian Signature on the School Medication Authorization Form	
Principal Signature on the School Medication Authorization Form	
Medication labeled with student's name, medication name, dose, route and time(s) to be administered	
Write down the number of pills that are being checked in of the bottle <b>OR</b> if possible indicate the liquid medication amount	#:
Date the medication was brought to the school in labeled container	Date:
Dosage on medication label matches dosage written on consent form	
Medication appropriately stored as indicated below	
Medication Calendar generated including student information, medication, dosage and inventory	
Medication Calendar has the designated and trained employee signature(s) on the back of the form	
Take a photo with your iPad of the following and share with your school nurse via KidsCare: <ul style="list-style-type: none"> <li>• School Medication Authorization Form</li> <li>• Completed Medication Calendar Log</li> <li>• Photo of the medication bottle or box, this must include the full pharmacy label and you may need to take 2 photos to include all information on the label</li> <li>• Completed CCSD Medication Checklist</li> </ul>	

### STORAGE REQUIREMENTS FOR DAILY MEDICATIONS

**All medication must be stored in a locked cabinet, box, etc. It's best practice to double lock medication. The only exception to this rule is emergency rescue medications.**

### HEALTH AIDE SIGNATURE

Health Aide/Designated Employee Signature:	Date:
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### DISTRICT RN SIGNATURE

School Nurse Signature:	Date:
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